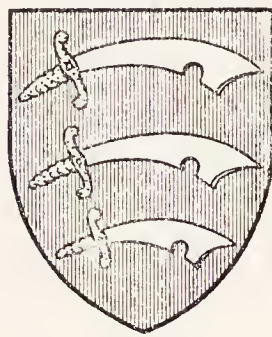


LXXIII  
1962

COUNTY COUNCIL OF ESSEX



# REPORT

OF THE

County Medical Officer of Health

FOR THE YEAR

1962

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GEORGE G. STEWART

M.R.C.S., L.R.C.P., D.P.H.

COUNTY MEDICAL OFFICER OF HEALTH

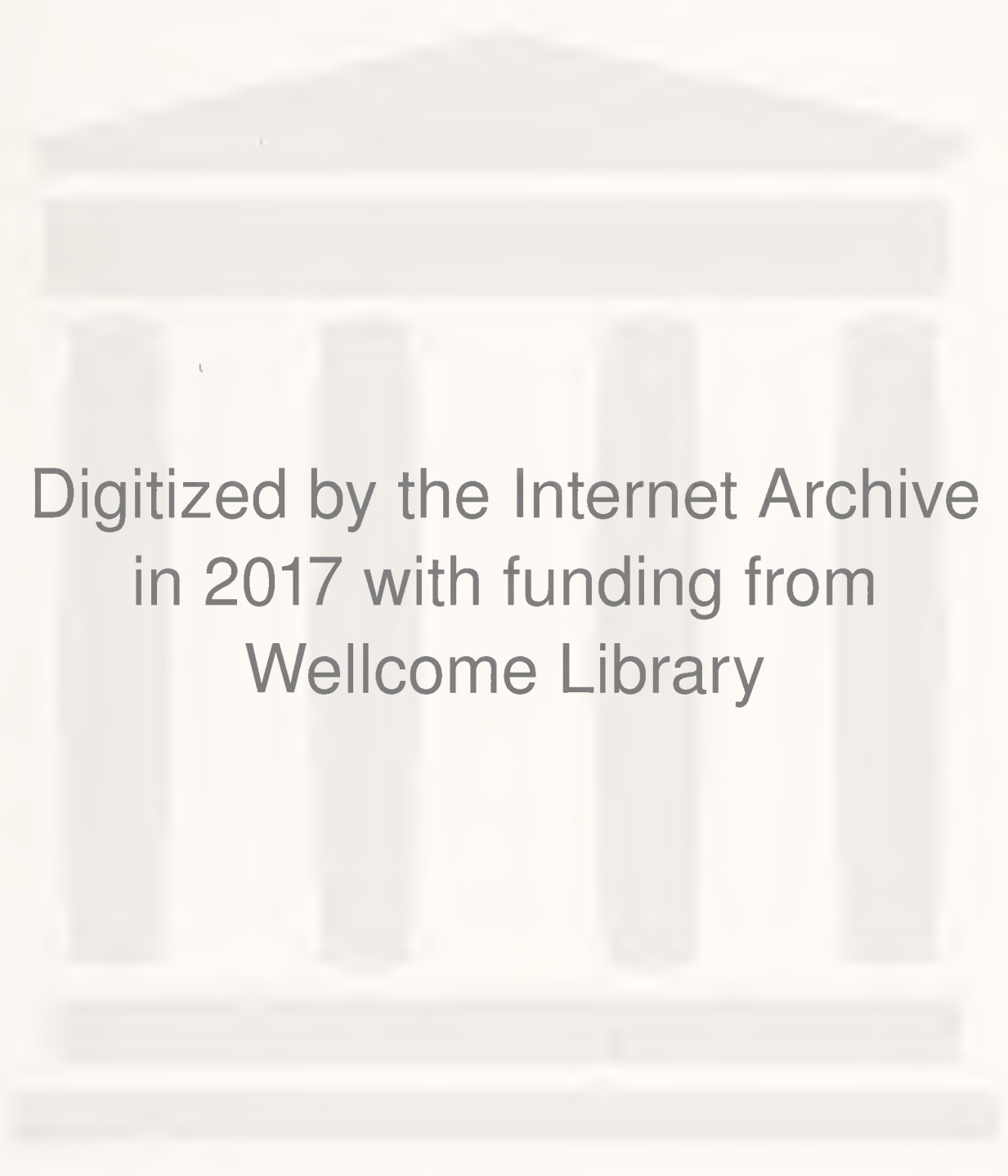


### ERRATA

- Page 9. Add to the list of Members of the Health Committee—*Nominated by Other Bodies*:—  
DR. H. E. BACH
- Page 97. The second and third lines at the top of this page should be transposed.







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## PREFACE

COUNTY HALL  
CHELMSFORD

Telephone : CHELMSFORD 3231

July, 1963

*to the Chairman, Aldermen and Councillors of the County Council of Essex*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report on the health of the Administrative County for the year 1962.

This is the ninth Annual Report that I have compiled and the seventy-third of the series of such Reports that have been presented since 1890.

The mid-1962 population of the County was estimated by the Registrar General to be 1,895,600, an increase of 33,710 over the figure for 1961. Nearly two-thirds of this increase was due to migration into the New Towns of Basildon and Harlow and into other parts of the County where development is taking place.

There was a further small increase in the birth rate to 17.0 per 1,000 population. This rate has increased each year since 1955 when it was 14.3. The adjusted birth rate of 16.0 per thousand population was some 11 per cent below the national rate but attention is drawn in the report to the wide variation in this rate throughout the County.

Both the stillbirth rate at 16.3 and the infant mortality rate at 17.6 per 1,000 births were the lowest ever recorded in the County. The perinatal mortality rate was 27.7 per 1,000 births compared with 28.9 in 1961 and 29.0 in 1960. A discussion of the factors involved in this very favourable rate appears in the body of the Report. An increase from 7 to 12 in the number of deaths from natural causes resulted in a maternal mortality rate of 0.37, somewhat higher than in recent years.

The death rate from all causes increased slightly from 10.4 in 1961 to 10.5 in 1962. The adjusted rate was only slightly more favourable than the national rate. Compared with 1961 the number of deaths from most causes showed little change. For many these were small increases associated with increases in the numbers of men and women in the older age groups, but there was a further substantial increase in mortality from coronary disease in men. An interesting finding of the report is that the male suicide rate averaged only 60 per cent of the national rate during the last three years but the female rate differed little from the rate in other parts of the country as a whole.

As a result of the success of the pilot scheme in Leyton for the provision of Child Development Sessions (formerly known as Toddlers Play Sessions) the question of extending these facilities elsewhere is under consideration. Details of the Leyton scheme are given in the Report.



Some figures are given indicative of the great amount of work involved coping with the public demand for vaccination on the occasion of the discovery of a case of smallpox at Rainham and a suspected case in Walthamstow early in the year.

A reference is made in the Report to the measures which have been adopted to bring the dangers of smoking to the attention of the public, more especially school children.

In the section devoted to the Domestic Help Service, it will be seen that the demands upon these facilities, which have been particularly heavy since the inception of the National Health Service in 1948, are now tending to become more stabilised, the increase in the total number of hours of help given being less than 10 per cent in each of the past two years.

It will be seen from the full details given in the Report that once again there has been a considerable amount of development in the Mental Health Service. It will also be observed that it has been possible to recruit a number of additional chiropodists thus enabling further expansion in the already comparatively extensive Chiropody Service to be brought about.

A particularly encouraging feature in the Report of the Chief Dental Officer is the distinct improvement—the first occasion for very many years—the recruitment of dental officers which promises well for the future if, as seems likely, this progress can be maintained.

An event of special importance during the year, involving much deliberation and hard work on the part of both Members and Officers, was the preparation of the Ten Year Development Plan.

Following the publication in January 1962 of the Plan for the Development of Hospital Services over the ensuing ten years the Minister of Health requested County and County Borough Councils to draw up a complementary plan concerning their Health (and Welfare) Services. So far as the County Council's Health Services are concerned, the Plan was prepared in consultation with the North-East Metropolitan and East Anglian Regional Hospital Boards, the Executive Council for Essex, the Essex Local Medical Committee, the 43 District Councils in the Administrative County and some 35 voluntary organisations associated with the County Council's health services. A large number of comments and suggestions were duly received from these various bodies and the most careful consideration was given to them with a view to acting upon them wherever practicable as the Plan, which will be reviewed annually, develops over the years.

The Development Plan, which was of course based in the main on the County Council's previously declared policy, and which envisages a growth of population of the Administrative County over the decade of 232,110, or about one eighth, provides for very considerable expansion. Total annual net revenue expenditure is expected to grow from the existing figure of about £3½ million

st over £5 million by the end of March 1972, the main increases being in the Mental Health Service, expenditure on which is likely to increase nearly fourfold from about £220,000 a year to almost £800,000 a year) and in connection with the Care of Mothers and Young Children, where the cost of new and improved clinics and day nurseries will be reflected. The other principal increases will be in the Health Visiting, Midwifery and Home Nursing Services, where considerable increases in staff are expected, partly to cope with the growing population and partly to give a better service than is possible today because of recruitment difficulties. The total staff of the Health Department is indeed expected to grow from about 3,500 to just over 5,000 whole-time posts or their equivalent.

The Plan included a very extensive building programme comprising 228 projects and involving a total capital expenditure during the period of somewhat over £5 million. These projects can be summarised as follows:—

- (a) 28 Residential Hostels for mentally disordered persons with accommodation for approximately 774;
- (b) 32 Day Training Centres, Sheltered Workshops and other Special Units for mentally disordered and other persons with nearly 1,400 places;
- (c) 72 Clinics and extensions or adaptations to 26 existing premises;
- (d) 16 Ambulance Stations and extensions to an existing Station;
- (e) 15 Day Nurseries with accommodation for approximately 735 children;
- (f) One Hostel for 12/15 plus a number of units of housing accommodation for staff.

The whole Plan was framed on the basis that care at home and in the community, rather than in hospital, should always be the aim except where there is a need for diagnosis, treatment and care of a type which only a hospital can provide.

I expect to report next year on initial progress in implementing the Plan. In the meantime, I would comment that only time will tell to what extent the Plan may require re-assessment and adjustment since so many imponderables are involved. These include not only such factors as the actual rate of population growth, the location of new centres of population and the availability of staff but also certain assumptions on which the Hospital Plan itself was based, such as the suggestion in the Report of the Cranbrook Committee on Maternity Services that there should be hospital beds for an average of 70 per cent of all confinements.

As shown on a later page, in 1962 62.9 per cent of births in the Administrative County occurred in hospital, the figure varying from 77.4 per cent in North-East Essex to 41.9 per cent in South-East Essex. Any overall increase would have repercussions on the Local Health Services, for example if, as at present, large numbers of mothers and their babies are discharged home before the eighth day (often after only two or three days) and this practice grows in order



to achieve the Hospital Plan's objective, domiciliary midwives will be deprived of the satisfaction they obtain of following their cases right through the ante-natal period, all stages of labour and the lying-in period—circumstances which may well adversely affect the recruitment of midwifery staff by local health authorities. In addition, increased confinements in hospital will reduce the facilities which can be provided for pupil midwives to gain practical experience on the district and thus obtain Part II of the Central Midwives Board Certificate.

So much for the Development Plan. Although it is always right to look ahead and make all possible preparations to meet the requirements of the future, it must not be overlooked that a great deal of valuable work is all the time being carried out quietly and effectively in all branches of the Department's activities to meet the pressing needs of today.

Once more, therefore, I express my grateful thanks to the Chairman and Members of the Health Committee for their continued encouragement and support and to all members of the staff for their loyalty and hard work in maintaining the high standards of the Department. I am also grateful to the numerous voluntary workers and organisations for their most valuable assistance.

I am, Ladies and Gentlemen,

Your obedient Servant,

*Geo. G. Stewart*

County Medical Officer of Health

# COUNTY COUNCIL OF ESSEX

## HEALTH COMMITTEE

(as at 31st December, 1962)

Chairman—Alderman K. E. B. GLENNY, O.B.E., J.P.

Vice-Chairman—Councillor Mrs. S. M. BOVILL

### County Council Members—

#### Aldermen—

Mrs. M. Ball  
\*W. J. Bennett, C.B.E., D.L., J.P.  
Mrs. M. Bredo  
A. E. Brown, J.P.

\*G. F. Chaplin, C.B.E., J.P.  
J. Martin, B.E.M., J.P.  
\*S. W. Millard  
Mrs. E. C. Saywood

#### Councillors—

F. W. Aylmore  
A. C. Berry  
Mrs. B. Bottomley, J.P.  
W. J. Bowstead, J.P.  
Mrs. A. M. M. Burrell  
Mrs. G. M. Chamberlin  
Mrs. E. Coker  
Mrs. M. R. Davey  
Mrs. L. Fallaize, J.P.  
Mrs. V. M. Grose  
E. F. Harris  
Mrs. M. J. Harvey  
F. H. James

G. W. Mason  
G. S. B. McNaughton  
O. L. Oxley  
Mrs. W. M. Palethorpe  
Mrs. N. M. Plunkett  
J. R. Sweetland  
H. R. Turner  
C. Verdult  
Mrs. V. L. Walton  
Mrs. A. E. Welsh  
Mrs. N. E. Willis  
Mrs. V. L. Wilson  
E. T. Wootton

F. A. Wortley

### Other Members—

#### Appointed by the County Council—

Mrs. M. M. Davies  
Miss E. M. Tindall, M.B.E.

Mrs. S. C. M. Godfrey, J.P.

#### Nominated by Other Bodies—

H. E. Bates, M.M., J.P.  
I. Brown  
Mrs. J. Callan  
Mrs. F. M. Cottee  
Mrs. B. E. Double, J.P.  
Dr. S. C. Emerick  
H. A. Girt  
Mrs. J. Hammond, O.B.E., J.P.  
Mrs. E. F. M. Hollis

Mrs. L. A. Irons, J.P.  
F. R. Masters  
Mrs. E. M. Millard  
W. C. Redbond  
Mrs. C. E. Stannard  
Mrs. E. I. Tivy  
A. J. Twigger  
Lt.-Col. C. L. Wilson,  
O.B.E., M.C., D.L.

\*Ex-officio Member

# STAFF OF THE HEALTH DEPARTMENT

(as at 31st December, 1962)

## 1. CENTRAL OFFICE

*County Medical Officer of Health :*

GEORGE G. STEWART, M.R.C.S., L.R.C.P., D.P.H.

*Deputy County Medical Officer of Health :*

J. A. C. FRANKLIN, M.B., B.S., D.P.H.

*Principal Senior Medical Officer :*

CHRISTINA GRANT, M.B., Ch.B., D.P.H. (Barrister-at-Law)

*Senior Medical Officer :*

I. B. MILLAR, M.D., B.Ch., B.A.O., D.P.H.

*Assistant Medical Officer :*

\*LILIAN BATES, M.D. (Paris), D.P.H.

*Physician Superintendent, Royal Eastern Counties Hospital :*

\*RALPH BATES, F.R.C.S., D.P.M.

*Chest Physicians :*

(Joint appointments with Regional Hospital Boards)

\*J. T. BROWN, M.B., Ch.B., D.P.H.

\*R. C. COHEN, M.D., B.S., D.P.H.

\*H. DUFF PALMER, M.B., Ch.B., D.P.H.

\*R. S. FRANCIS, M.D., M.R.C.P.

\*M. J. GREENBERG, M.A., M.B., B.Chir., M.R.C.P., M.R.C.S.

\*F. KELLERMAN, M.D., L.R.C.P., L.R.C.S.

\*VIVIEN U. LUTWYCHE, M.D., M.R.C.P.

\*J. T. PATERSON, M.B., Ch.B.

\*E. G. PYNE, M.B., Ch.B., D.P.H.

\*H. RAMSAY, M.D., B.S., M.R.C.S., L.R.C.P.

\*E. G. SITA-LUMSDEN, M.A., M.D., M.R.C.P.

\*J. F. SWOBODA, M.D. (Acting)

\*S. THOMPSON, M.B., Ch.B.

\*M. WEINBERGER, M.D.

\*E. WOOLF, M.R.C.S., L.R.C.P.

*Chief Dental Officer :*

J. BYROM, L.D.S.

*Superintendent Nursing Officer :*

MISS F. S. LEADER, S.R.N., S.C.M., Q.N., H.V. Cert.

*Health Visitor Tutor :*

MISS K. LYNCH, S.R.F.N., S.R.N., S.C.M., H.V. Cert.

*County Domestic Help Organiser :*

MISS G. H. JENKINS

\* Part-time officer

*County Health Inspector :*  
S. E. WILLIS, M.A.P.H.I., M.R.S.H.

*Assistant County Health Inspectors :*  
W. J. HODGKINS, M.A.P.H.I., M.R.S.H.  
M. E. ROUSELL, M.A.P.H.I., A.R.S.H.

*Technical Assistant :*  
A. G. CHAMBERS

*Sampling Officer :*  
L. A. ROWLANDS

*County Ambulance Officer :*  
W. E. COOKE

*Assistant County Ambulance Officers :*  
J. R. PEACHAM  
A. J. STEWART

*Supervising Mental Welfare Officer :*  
A. L. BARTON

*Assistant Supervising Mental Welfare Officer :*  
K. M. SKINGLEY

*Organiser of Training Centres :*  
D. J. NORRIS

*Health Education Organiser :*  
C. E. WILLIAMS

*Assistant Health Education Organiser :*  
H. BRADLEY  
(commenced 17.9.62)

*Statistician :*  
W. H. LEAK, B.A., F.S.S.

*Chief Lay Administrative Assistant :*  
J. G. COX

*Principal Administrative Assistant :*  
E. W. AMOS

*Senior Administrative Assistants :*  
D. C. PARKER  
H. GIBSON  
C. E. BODEN  
(commenced 17.9.62)

*Administrative and Clerical Staff :*  
63 whole-time and 3 part-time



## 2. CENTRALLY ADMINISTERED SERVICES

### *Ambulance Service :*

Area Superintendents	.....	.....	.....	.....	.....	.....	.....	9
Assistant Area Superintendents	.....	.....	.....	.....	.....	.....	.....	2
Control Supervisors	.....	.....	.....	.....	.....	.....	.....	2
Controllers	.....	.....	.....	.....	.....	.....	.....	8
Assistant Controllers	.....	.....	.....	.....	.....	.....	.....	8
Control Operatives	.....	.....	.....	.....	.....	.....	.....	15
Clerk Telephonists	.....	.....	.....	.....	.....	.....	.....	15
Station Officers	.....	.....	.....	.....	.....	.....	.....	9
Assistant Station Officers	.....	.....	.....	.....	.....	.....	.....	17
Head Drivers	.....	.....	.....	.....	.....	.....	.....	19
Outposted Officer (London Hospital)	.....	.....	.....	.....	.....	.....	.....	1
Driver Attendants	.....	.....	.....	.....	.....	.....	.....	473
Attendants	.....	.....	.....	.....	.....	.....	.....	5

### *Mental Health Service :*

Senior Psychiatric Social Workers	.....	.....	.....	.....	.....	.....	.....	2
Senior Mental Welfare Officers	.....	.....	.....	.....	.....	.....	.....	4
Mental Welfare Officers	.....	.....	.....	.....	.....	.....	.....	18.7
Trainee Mental Welfare Officers	.....	.....	.....	.....	.....	.....	.....	2
Training Centre Supervisors	.....	.....	.....	.....	.....	.....	.....	16
Training Centre Senior Assistant Supervisors	.....	.....	.....	.....	.....	.....	.....	9
Training Centre Assistant Supervisors	.....	.....	.....	.....	.....	.....	.....	20
Training Centre Assistants	.....	.....	.....	.....	.....	.....	.....	24
Training Centre Assistant Instructors	.....	.....	.....	.....	.....	.....	.....	15
Hostel Wardens	.....	.....	.....	.....	.....	.....	.....	2
Hostel Assistant Wardens	.....	.....	.....	.....	.....	.....	.....	4

### *Training Homes for Home Nurses and Midwives :*

Superintendent	.....	.....	.....	.....	.....	.....	.....	1
Deputy Superintendent	.....	.....	.....	.....	.....	.....	.....	1
Other Nursing Staff	.....	.....	.....	.....	.....	.....	.....	93*
Student District Nurses	.....	.....	.....	.....	.....	.....	.....	4
Pupil Midwives (Part II)	.....	.....	.....	.....	.....	.....	.....	30
Clerical and Administrative Staff	.....	.....	.....	.....	.....	.....	.....	5†

\* Includes 11 part-time employees

† Includes 1 part-time employee

## 3. MEDICAL OFFICERS OF HEALTH OF AUTHORITIES WITH DELEGATED POWERS

Colchester M.B.C.	.....	*JOHN D. KERSHAW, M.D., B.S., D.P.H.
Basildon U.D.C.	.....	*P. X. O'DWYER, M.B., B.Ch., D.P.H.

\* Part-time Officer

#### 4. AREA MEDICAL OFFICERS

North-East Essex	.....	*JOHN D. KERSHAW, M.D., B.S., D.P.H.
Mid-Essex	.....	*J. L. MILLER WOOD, V.R.D., M.R.C.S., L.R.C.P., D.P.H.
South-East Essex	.....	*ALFRED YARROW, M.B., Ch.B., D.P.H.
South Essex	.....	*R. D. PEARCE, M.R.C.S., L.R.C.P., D.P.H.
Forest	.....	*F. G. BROWN, T.D., M.B., B.Ch., B.A.O., D.P.H.
Romford	.....	*F. GROARKE, M.B., L.M., D.C.H., D.P.H.
Barking	.....	*MARGARET I. ADAMSON, M.B., Ch.B., D.P.H.
Dagenham	.....	*J. ADRIAN GILLET, M.B., Ch.B., D.P.H., F.R.S.H.
Ilford	.....	*I. GORDON, M.D., Ch.B., M.R.C.P., D.P.H.
Leyton	.....	*E. W. WRIGHT, M.B., Ch.B., D.P.H. (commenced 1.10.62)
Walthamstow	.....	*M. WATKINS, M.R.C.S., L.R.C.P., D.P.H.
Harlow	.....	*I. ASH, M.D., D.P.H. (Commenced 1.9.62)

\*Part-time Officer

#### 5. DELEGATED AND DECENTRALISED SERVICES

					Establishment	No. employed (equivalent whole-time)
Administrative and Clerical	.....	.....	.....	.....	275.5	269
Area Dental Officers	.....	.....	.....	.....	14	10
Area Nursing Officer	.....	.....	.....	.....	1	—
Assistant County Medical Officers	.....	.....	.....	.....	62.5	61.3
Chiropodists	.....	.....	.....	.....	60.4	46.2
Clinic Clerks	.....	.....	.....	.....	67.9	66.7
Day Nursery Matrons	.....	.....	.....	.....	21	19
Day Nursery Deputy Matrons	.....	.....	.....	.....	20	18
Day Nursery Wardens	.....	.....	.....	.....	20	17
Day Nursery Nurses and Nursing Assistants	.....			}	146	87
Day Nursery Students in training	.....			}		90 *
Dental Surgery Assistants	.....	.....	.....	.....	88.3	56.8
Dental Officers	.....	.....	.....	.....	88	42.1
Dental Technicians	.....	.....	.....	.....	9	7
Domestic Helps	.....	.....	.....	.....	—	1,172
Domestic Help Organisers	.....	.....	.....	.....	24	23
Health Visitors, Tuberculosis Visitors and Clinic Nurses	.....				360.1	340.8
Mental Welfare Officers	.....	.....	.....	.....	2.3	2.3
Midwives, Home Nurse Midwives and Home Nurses	.....				432	386.7
Non-Medical Supervisors of Midwives and Superintendents of Home Nurses	.....	.....	.....	.....	8	8
Occupational Therapists	.....	.....	.....	.....	2	1
Oral (Dental) Hygienists	.....	.....	.....	.....	2	1
Superintendent Health Visitors	.....	.....	.....	.....	11	11
Training Centre Supervisors	.....	.....	.....	.....	2	2
Training Centre Senior Assistant Supervisor	.....	.....	.....	.....	1	1
Training Centre Assistant Supervisors and Assistants	.....				5	4
Training Centre Assistant Instructors	.....	.....	.....	.....	2	1

\* 3 Students equivalent to 1 Nursery Nurse or Nursery Assistant

## SECTION I—STATISTICAL

### Vital Statistics

As requested by the Ministry of Health, certain vital statistics relating to mothers and infants are given below. The statistics for 1961 are also given for comparative purposes :—

Live Births—	1962	1961
Number .....	32,162	31,26
Rate (per 1,000 population) .....	17.0	16.
Percentage registered as illegitimate .....	4.6	4.
Stillbirths—		
Number .....	534	52
Rate (per 1,000 births) .....	16.3	16.
Total Births (live and still) .....	32,696	31,79
Infant Mortality—		
Number of deaths under one year .....	566	57
Rate per 1,000 live births (all infants) .....	17.6	18.
Rate per 1,000 live births (legitimate infants) .....	17.5	18.
Rate per 1,000 live births (illegitimate infants) .....	19.8	23.
Neonatal (first four weeks) mortality rate .....	13.1	13.
Early neonatal (first week) mortality rate .....	11.5	12.
Perinatal (stillbirths and first week) mortality rate .....	27.7	28.
Maternal mortality (including abortion)—		
Number of deaths .....	12	
Rate per 1,000 total births .....	0.37	0.2

Most of these statistics are commented upon in detail elsewhere in the Report. In Table I on page 102 will be seen details of the area; population and principal vital statistics for Health Areas and County Districts including the two Districts with delegated powers. Details of deaths by cause are given for different age groups in Table II and for County Districts in Table III. As in previous years, difficulty was experienced in calculating vital statistics for the Mid-Essex and Forest Health Areas due to the fact that each includes part of the Epping and Ongar Rural District. In general, vital statistics given for these two Health Areas refer to the Area less the portion of Epping and Ongar Rural District contained in it and in the tables the figures for the Rural District are given separately. Figures for the Administrative County are unaffected by this arrangement.

The remainder of this section is devoted largely to a discussion of the figures in Tables I, II and III.

### Acreage

The area of the Administrative County as given at the 1961 Census was 959,758 acres, or about 1,500 square miles. Areas of County Districts and Health Areas are given in Table I.



## Population

The population of the Administrative County at the 1961 Census was 1,859,916 and the Registrar General has estimated the mid-1962 population as 1,895,600 compared with 1,861,890 a year previously, an increase over the year of 33,710. The natural increase in the population was about 12,000 leaving a balance of 21,500 in favour of inward over outward migration of approximately 21,500. Estimated net migration into each County district is given in Table I. The following table summarizes the figures and gives comparable figures for 1956, 1958 and 1960.

	1956	1958	1960	1962
Metropolitan Essex .....	—6,130	—4,958	—3,897	—1,948
Romford M.B. and Hornchurch U.D. ....	+3,148	+2,357	+ 394	— 45
Chigwell, Epping and Waltham Holy Cross U.D.s .....	+1,538	+1,158	+1,121	+ 413
Brentwood U.D. and Epping and Ongar R.D. ....	+3,209	+1,911	+1,503	+2,300
Harlow U.D. ....	+4,335	+4,042	+2,574	+2,536
Basildon U.D. ....	+4,571	+5,445	+4,411	+4,087
South-East Essex and Thurrock U.D. ....	+4,331	+4,324	+7,955	+5,556
Chelmsford M.B. and R.D. ....	+1,468	+1,148	+2,285	+2,354
Colchester M.B. ....	—1,383	— 189	+2,065	+2,093
Clacton, Frinton & Walton U.D.s	+ 715	+ 591	+1,224	+1,643
Remainder of the County .....	+ 152	+2,393	+ 879	+2,504
Administrative County .....	+15,954	+18,222	+20,514	+21,493

\*The Boroughs of Barking, Chingford, Dagenham, Ilford, Leyton, Walthamstow and Wanstead and Woodford.

After making allowance for the approximate nature of migration statistics compiled from estimated increases in population less natural increase, it seems clear that Metropolitan Essex is not losing by migration nearly so many people now as a few years ago and the substantial inward movement to other districts on the fringe of the built-up area is now very much reduced. Large numbers of people continue to pour into the New Towns and other parts of South and South-East Essex but at a slightly lower rate than in recent years. Further afield at Chelmsford, Colchester and the seaside towns the inward movement continues unabated.

## Births

The number of *live births* registered during the year was 32,162 giving a crude live birth rate of 17.0 compared with 16.8 in 1961 and 16.4 in 1960. The birth rate has now increased every year since 1955 when it stood at 14.3 per 1,000 population.

For comparison with the rate for England and Wales, it is necessary to make an adjustment for the way in which the sex and age distribution of the local population differs from that of England and Wales. The adjusted rate for the County was 16.0 compared with a national rate of 18.0.

The County adjusted birth rate is always below that for England and Wales and for the years 1960-62 averaged 91% of the national rate. This average figure conceals the wide difference in adjusted birth rates throughout the County. The rates for some of the smaller County districts are affected by the few births involved but after taking this into account it is clear that rates in Metropolitan Essex are much below both the national and the County average, around 82% of the national rate for some of the largest boroughs and as low as 70% in Chigwell Urban District. Outside the Greater London area rates were mostly around or slightly above the national average but Thurrock Urban District and most of the Tendring Peninsula had rates less than both the national and the County figure. On the other hand the urban districts of Basildon and Canvey Island and the Rural District of Epping and Ongar had adjusted rates more than 13% above the national figure.

The number of births registered as *illegitimate* was 1,500 (35 of which were stillborn). This was 4.6 per cent of the total number of births compared with 4.2 per cent in 1961 and 3.8 per cent in 1960. This further increase in the illegitimate birth rate is greatly regretted but is a national and not purely a local phenomenon, and the illegitimate rate in Essex is less than in the country as a whole.

There were 534 *stillbirths* registered during the year (528 in 1961) giving a stillbirth rate of 16.3 for 1,000 total births compared with rates of 16.6 in 1961, 16.8 in 1960 and 17.8 in 1959.

Immediately before the 1939-45 war the stillbirth rate averaged 33. The rate fell throughout the war and for the years immediately succeeding it. The trend from 1948 can be seen the diagram on page 25. Following the low rate of 19.3 in 1949, the rate rose and fluctuated around a value of 21 throughout the early 1950's but has fallen in each of the last five years.

The number of *premature births* notified was 2,076 (270 of which were still-born) compared with 2,057 in 1961. The number of premature births expressed as a percentage of total births for the last ten years is as follows :—

1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
6.5	6.9	6.6	6.6	6.8	6.4	6.5	6.7	6.5	6.3

The percentage was the lowest recorded but the variation over the period is very small. It is, however, encouraging to note that the average percentage for 1958-62 was 6.5 compared with 6.7 during the preceding five years.



## Infant Mortality

There were 566 deaths of infants under one year of age, giving an infant mortality rate of 17.6 per 1,000 live births compared with 18.5 in 1961.

The following table sets out for the last eight years mortality rates per 1,000 live births in various periods of the first year of life :—

	1955	1956	1957	1958	1959	1960	1961	1962
Early neonatal mortality (first week) .....	14.2	11.4	12.0	11.1	12.8	11.9	12.5	11.5
Late neonatal mortality (second, third and fourth weeks) .....	1.6	3.4	1.7	1.8	1.9	1.8	1.3	1.6
Neonatal mortality (first four weeks) .....	15.9	14.8	13.7	12.9	14.8	13.7	13.8	13.1
Post-neonatal mortality (one month to one year) .....	6.2	5.5	5.6	4.8	5.2	5.0	4.7	4.5
Infant mortality .....	22.1	20.3	19.3	17.7	20.0	18.6	18.5	17.6

The trend in early neonatal mortality and infant mortality after the first week for the last fifteen years is shown in the diagram on page 25. The early neonatal mortality rate improved between 1955 and 1956 but before and after that date has fluctuated round values of 13.8 for the years 1949-55 and 11.9 for the years 1956-62. Mortality after the first week has halved during the 15 year period from 12.6 in 1948 to 6.0 in 1962. The result of these two trends is that whereas in 1948, half the infant deaths occurred in the first week, the proportion is now two-thirds.

The infant mortality rate for illegitimate infants was 19.8 (23.7 in 1961 and 20.0 in 1960) compared with 17.5 (18.2 in 1961 and 18.6 in 1960) for legitimate infants. The difference between the mortality of illegitimate and legitimate infants has been below average in each of the last three years but as the illegitimate mortality rate is based on very few deaths (29 in 1962) this may not represent a true trend.

## Perinatal Mortality

The perinatal mortality rate was 27.7 per 1,000 total births compared with 28.9 in the previous year. This was the lowest rate ever recorded in the County. The figures for the past ten years are as follows :—

1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
34.2	35.2	35.6	30.5	32.8	29.2	30.4	29.0	28.9	27.7

As the perinatal mortality rate of premature infants is some 15 to 20 times that of those weighing over  $5\frac{1}{2}$  lbs. at birth, movements in the perinatal mortality rate may be caused by changes in the rates for full weight and under weight babies and also by the proportion of babies of low birth weight. The favourable rate in 1962 appears to be caused by below average mortality rates for both weight groups combined with a low proportion weighing less than  $5\frac{1}{2}$  lbs. The gradual improvement in the perinatal mortality rate cannot be ascribed to any one of these factors to the exclusion of the others. Advancement in this field appears to be only possible along a broad front.

### Deaths from all causes

The number of deaths registered during the year (after adjustment for inward and outward transfers) was 19,945 compared with 19,418 in 1961 and 18,349 in 1960. The crude death rate was 10.5 per 1,000 population compared with 10.4 in 1961 and 10.0 in 1960.

The adjusted death rate (i.e. the rate comparable with adjusted rates for other areas and with the crude rate for England and Wales) was 11.8 compared with 11.5 in 1961 and 11.0 in 1960 and the England and Wales rate of 11.9.

Although the County rate both crude and adjusted was marginally the highest for a number of years, the rate in some districts was little higher than usual. This applied in particular to the South of the County from Romford eastward and in the urban district of Basildon the rate fell for the third successive year, the number of deaths being no more than in 1959 when the population was 20% smaller. However, 1962 death rates were considerably above the average for the past three years in a block of Boroughs in the London suburbs (Walthamstow, Chingford, Wanstead and Woodford, Ilford and Dagenham) and also in the coastal resorts of Clacton, Frinton and Walton.

At the foot of Table II on page 103 is shown the number of deaths in each age group in 1962 and each of the previous five years. This shows that the increase in deaths has occurred almost entirely among men and women over 45 years of age and between the ages of 45 and 75 has been more pronounced for men than for women. Some of the increase can be ascribed to increasing numbers of old people but it seems unlikely that this is the sole explanation.

It will be possible to be more dogmatic about the trend in mortality rates at different ages after the publication of the County Volume of the 1961 Census expected shortly.



Tuberculosis Deaths

Deaths from tuberculosis numbered 109 compared with 97 in 1961 and 118 in 1960 and included ten from non-respiratory forms of the disease compared with twelve in each of the two previous years. Deaths from all forms of tuberculosis in the last ten years were as follows :—

Year	Males						Females					
	0—	25—	45—	65—	75—	Total	0—	25—	45—	65—	75—	Total
1953	8	41	95	36	13	193	13	43	25	9	9	99
1954	4	27	58	26	13	128	9	29	19	11	4	72
1955	7	16	46	33	11	113	7	20	14	6	9	56
1956	1	18	47	28	9	103	2	15	13	5	3	38
1957	1	18	48	23	13	103	2	19	11	8	5	45
1958	4	5	40	28	20	97	5	7	16	9	4	41
1959	1	15	32	25	10	83	2	9	16	3	1	31
1960	—	8	30	33	14	85	1	13	7	10	2	33
1961	1	3	36	16	9	65	3	7	13	7	2	32
1962	1	6	26	27	11	71	—	6	17	4	11	38

There was a further increase in the average age at death from tuberculosis, the increase in deaths being largely accounted for by the larger number of deaths over 75. There was a satisfactory reduction in the number of deaths of men under 65.

Cancer Deaths

Deaths from cancer (all sites, including leukaemia) in the County in the last ten years are set out below.

	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
Stomach .....	510	451	493	492	470	484	532	507	461	527
Lung & bronchus	594	637	653	755	788	751	881	898	935	950
Breast .....	305	308	323	338	355	337	368	387	385	376
Uterus .....	104	106	132	119	113	127	130	138	134	128
Other sites .....	1,574	1,589	1,616	1,631	1,734	1,669	1,736	1,759	1,800	1,925
Leukaemia & aleukaemia .....	80	91	109	106	86	125	112	121	109	99
All sites	3,167	3,182	3,326	3,441	3,546	3,493	3,759	3,810	3,824	4,005

The number of deaths from malignant disease increased by 181 to over 4,000 but the increase from 1960 to 1961 was exceptionally small and the total figure for 1962 is in keeping with the long term trend of an increase of from 2½% to 3% per annum. Most of the increase was in cancer of “other sites” but there was a

substantial increase in the number of deaths from stomach cancer following two years when there have been decreases. The increase in lung cancer deaths was relatively small and there were small reductions in deaths from cancers of the breast and womb and from leukaemia. The age distribution of cancer deaths is as follows :—

Year	Males						Females					
	0—	25—	45—	65—	75—	Total	0—	25—	45—	65—	75—	Total
1953	20	91	648	531	409	1,699	19	97	540	413	399	1,468
1954	27	90	666	526	380	1,689	25	109	561	384	414	1,493
1955	32	97	636	541	405	1,711	28	127	594	426	440	1,615
1956	37	80	719	565	418	1,819	29	113	567	440	473	1,622
1957	26	79	687	610	465	1,867	18	131	626	448	456	1,679
1958	35	72	743	586	461	1,897	23	95	597	447	434	1,596
1959	38	96	814	632	483	2,063	22	102	608	464	500	1,696
1960	24	82	828	649	465	2,048	23	114	593	495	537	1,762
1961	27	96	820	623	512	2,078	26	104	627	498	491	1,746
1962	38	68	861	687	505	2,159	21	114	647	497	567	1,846

The number of deaths exceeded the numbers in previous years in four age groups : for both males and females between 45 and 65 and for men of 65 to 74 and women of 75 and over. Compared with the last three years, deaths from cancer of the lung were fewer among men of 45 to 64 but more for men between 65 and 75 and for women over 45. Deaths from cancer of “other” sites increased for men under 65 and for women over 45. Although the number of deaths from cancers of the breast and womb are little different from those for previous years the average age at death increased in 1962.

### Deaths from Diseases of the Circulatory System

The number of deaths from diseases of the circulatory system, including vascular lesions of the nervous system, since 1955 were as follows :—

Disease	1955	1956	1957	1958	1959	1960	1961	1962
Vascular lesions of the nervous system .....	2,274	2,460	2,382	2,365	2,426	2,443	2,619	2,699
Coronary disease, angina .....	2,506	2,653	2,794	3,006	3,102	3,270	3,451	3,923
*Other heart disease .....	3,010	3,135	2,904	2,955	2,816	2,609	2,676	2,466
Other circulatory disease .....	760	795	768	795	836	883	929	902
TOTAL	8,550	9,043	8,848	9,121	9,180	9,205	9,675	9,990

\* including hypertension with heart disease



Between 1955 and 1960, total deaths in this group, which is responsible each year for about half the overall mortality, increased slowly although an increasing proportion of the deaths were attributed to coronary disease. During the last two years there has been a much more rapid increase, associated with larger numbers of deaths attributed to cerebro-vascular and coronary disease. The following table shows that the increases during the last two years have been spread over the whole age range over 25 years of age.

	Males						Females					
Year	0—	25—	45—	65—	75—	Total	0—	25—	45—	65—	75—	Total
1955	8	96	954	1,246	1,769	4,073	14	65	581	1,101	2,716	4,477
1956	9	109	1,039	1,294	1,926	4,377	4	71	573	1,198	2,820	4,666
1957	6	101	1,092	1,287	1,798	4,284	8	67	617	1,150	2,722	4,564
1958	4	88	1,070	1,279	1,909	4,350	5	64	608	1,183	2,911	4,771
1959	12	100	1,116	1,276	1,895	4,399	3	45	583	1,144	3,006	4,781
1960	9	100	1,117	1,279	1,865	4,370	7	58	563	1,146	3,061	4,835
1961	9	117	1,208	1,350	1,967	4,651	9	55	597	1,195	3,168	5,024
1962	7	121	1,242	1,440	2,064	4,874	3	67	611	1,222	3,213	5,116

When the deaths in 1962 are compared with those for the previous seven years, the female increases are seen to be unremarkable. Under 75, the number of female deaths has fluctuated within narrow limits. For older women, the number of deaths has increased year by year, associated probably with increased population at this age. For men, deaths attributed to coronary disease have increased during the period at all ages. For men under 75, deaths from the disease group as a whole reflect this increase, but over the age of 75, increases in deaths attributed to coronary disease have been partially offset by decreases in those attributed to “other heart diseases”.

Deaths from Diseases of the Respiratory System

The following table sets out the number of deaths since 1955 ascribed to influenza, pneumonia, bronchitis and other respiratory diseases.

	1955	1956	1957	1958	1959	1960	1961	1962
Influenza .....	80	97	226	93	249	31	181	93
Pneumonia .....	883	868	927	970	1,174	1,010	1,206	1,353
Bronchitis .....	893	1,051	910	1,009	968	855	1,092	1,076
Other respiratory diseases .....	168	156	155	175	184	165	169	151
TOTAL	2,024	2,172	2,218	2,247	2,575	2,061	2,648	2,673



The numbers of deaths from respiratory diseases were similar in 1961 and 1962 but in 1962 more were attributed to pneumonia and fewer to other causes. The age distribution of deaths from respiratory diseases in the last five years is as follows :—

Age	Males					Females				
	1958	1959	1960	1961	1962	1958	1959	1960	1961	1962
Under 1	51	54	44	43	47	37	48	36	34	23
1 — 4	16	12	10	19	7	15	11	10	8	12
5 —14	3	4	9	10	8	12	7	—	6	4
15—34	11	9	2	8	2	2	—	—	5	1
35—44	23	26	20	22	16	22	22	15	25	17
45—64	281	392	233	288	308	108	106	93	121	102
65—74	423	463	372	473	473	196	208	158	227	212
75 and over	551	578	482	674	691	496	635	577	684	750
All ages	1,359	1,538	1,172	1,537	1,552	888	1,037	889	1,110	1,121

In each year there were many more male than female deaths due to the much higher mortality of men between 45 and 75 from bronchitis. The number of deaths in infancy shows little tendency to decline but due to the increasing birth rate the number at risk is greater and the mortality rate per 1,000 infants is in fact falling. At the opposite extreme of life the number of deaths increased year by year except for 1960 when mortality from respiratory diseases was exceptionally low. Between 65 and 75, the trend (with the same exception) is towards stability and for adults under 65 there is a tendency towards some reduction in mortality.

### Maternal Deaths

There were 12 maternal deaths, giving a maternal mortality rate per 1,000 total births of 0.37 compared with 7 deaths and a rate of 0.22 in 1961 and an average rate for the years 1957-61 of 0.28. The higher rate in 1962 is disappointing but has no statistical significance.

### Accidental deaths and Suicide

The trend in the number of deaths from accidents and suicide since 1955 is given below :—

	1955	1956	1957	1958	1959	1960	1961	1962
Motor vehicle accidents .....	162	167	163	174	193	223	213	215
Other accidents .....	273	298	312	308	295	298	289	317
Suicide .....	170	214	174	190	173	185	160	176

The number of motor vehicle accident fatalities has not varied much during the last three years. There was some increase in other accidental deaths but the general trend over the last seven years is of fluctuations about an average figure of some 300 deaths. In the same way, suicides have remained reasonably constant in number for the last six years. The following table gives the age distribution of deaths from accidents and suicide in the triennial period 1960-1962 :—

Age	Motor vehicle accidents		Other Accidents		Suicide	
	Males	Females	Males	Females	Males	Females
Under 1	—	—	27	9	—	—
1 — 4	9	5	15	11	—	—
5 — 14	35	15	26	3	—	—
15 — 24	124	18	42	8	15	5
25 — 44	107	14	91	16	63	64
45 — 64	108	48	106	58	118	132
65 — 74	39	30	45	62	47	43
75 and over	59	40	108	277	17	17
All ages	481	170	460	444	260	261

More males than females died as a result of accidents at all age groups under 75, and under 65 the differences between the sexes were considerable for both motor vehicle and other types of accident. Mortality from motor vehicle accidents was highest for men under 25 and this cause was responsible for nearly 40% of the deaths in this age group. Mortality from other types of accidents was highest for men and women over 75, female deaths numbering more than 2½ times male deaths at this age.

The number and age distribution of suicides shows a reasonable similarity between the sexes and for the second year in succession more women than men in Essex died at their own hands. The suicide rate per million per annum for 1960-62 was 96 for men and 91 for women compared with England and Wales figures for 1961 of 135 for men and 91 for women. The unusual sex distribution of deaths in Essex is thus due not to a high rate of suicide among women but a low rate among men. Since the age distribution of deaths is similar in Essex and England and Wales, there is no evidence that the low male suicide rate is due to any particular age group.

### Morbidity

The number of new claims for sickness benefit received in the 52 weeks ended 1st January, 1963 at local offices of the Ministry of Pensions and National Insurance in the County was 289,740.

The figures (in thousands) for the last ten years were as follows :—

1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
233.8	206.3	233.1	235.1	299.4	243.6	278.3	251.5	283.6	289.7

The number of new claims in 1962 was somewhat higher than in 1961 and higher than in any other earlier year except 1957, the year of the first Asian influenza epidemic. The following table giving the average number of claims per week each quarter, shows that the high figure in 1962 was due to the continuing trend to more claims throughout the year combined with a moderate amount of sickness in the first quarter of the year.

<i>Year</i>	<i>January- March</i>	<i>April- June</i>	<i>July- September</i>	<i>October- December</i>
1958	6,882	3,793	3,173	5,090
1959	9,476	3,779	3,388	5,423
1960	6,287	4,193	3,553	5,477
1961	8,568	4,144	3,534	5,927
1962	8,395	4,760	3,682	5,731

## SECTION II—GENERAL STAFF

### Central Office

Dr. J. G. Fife, Senior Medical Officer for Mental Health, resigned on 2nd December and the post remained unfilled at the end of the year.

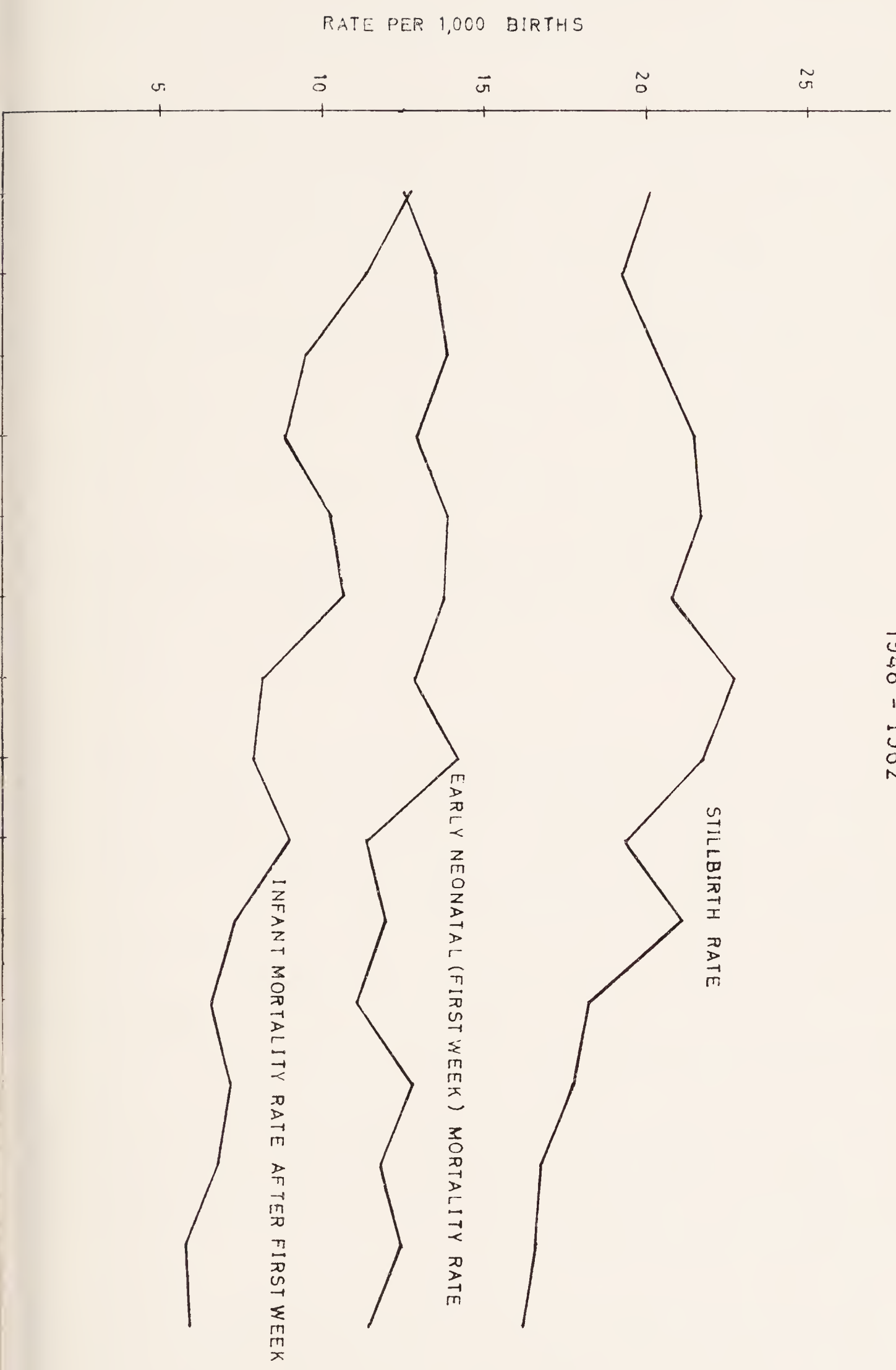
### Combined Medical Services

Dr. G. T. Crook resigned his appointment as Medical Officer of Health, Leyton Borough Council and Area Medical Officer/Divisional School Medical Officer, Leyton Health Area, on 14th July and Dr. E. W. Wright, formerly Deputy Medical Officer of Health/School Medical Officer, Bournemouth County Borough Council, succeeded him on 1st October.

Dr. I. Ash was appointed Area Medical Officer for the newly created Harlow Health Area and took up his duties one month before the Health Area came into operation on 1st September 1962. Dr. Ash retained his post as Medical Officer of Health, Epping Urban, Harlow Urban and Epping and Ongar Rural District Councils. In view of the increased demand on Dr. Ash's time for his new County



# TRENDS IN STILLBIRTHS AND INFANT MORTALITY 1948 - 1962



Council duties, agreement was reached with the District Councils concerned on the creation of a post of Deputy Medical Officer of Health, Epping Urban, Harlow Urban and Epping and Ongar Rural District Councils and Assistant County Medical Officer. Arrangements were in hand at the end of the year with a view to filling the post.

Dr. Daphne Sasieni resigned her post as Deputy Medical Officer of Health, Benfleet, Canvey Island and Rayleigh Urban and Rochford Rural District Councils/Assistant County Medical Officer on 23rd June. The vacancy was filled by the appointment of Dr. W. Batham, formerly Assistant County Medical Officer in the South-East Essex Health Area, as from 1st July.

The vacancy caused by Dr. Helen Mair's resignation in 1960 from the posts of Deputy Medical Officer of Health, Dagenham Borough Council and Assistant County Medical Officer was filled when Dr. J. V. Packer commenced duty on 12th February.

### **Assistant County Medical Officers of Health**

Eight whole-time Assistant County Medical Officers of Health resigned during the year and the vacancies were filled without difficulty.

### **Other Staff**

My Report for 1961 gave details of the revised establishment of social workers in the Mental Health Service which included seven Senior Psychiatric Social Workers, and during the course of the year two of these posts were filled. Detailed consideration is being given to the way in which these officers will be assimilated into the Service having regard to the duties and responsibilities of Mental Welfare Officers and the supervisory staff.

At four of the five other Sub-Offices an existing Mental Welfare Officer was appointed temporarily as a Senior Mental Welfare Officer to take charge of the Sub-Office until such time as it was possible to appoint a Senior Psychiatric Social Worker but the fifth post remained vacant at the end of the year.

In addition, four trainee Mental Welfare Officers were appointed during the course of the year and application is being made for vacancies for them on appropriate training courses so that they may obtain a qualification equivalent to that proposed in the Younghusband Report and then return to take up appointments as Mental Welfare Officers.

Discussions also took place during the year with the Association of Psychiatric Social Workers with a view to recruiting a number of students to be seconded on courses for the Mental Health Certificate or equivalent qualification following which they will return to the County Council's service to fill the remaining vacant posts on the establishment.

As a further expansion of the County Council's directly provided chiropody service, 15 5/11 additional posts were created in 1962, thus ensuring a minimum ratio of one chiropodist to 35,000 population in each of the Health Areas/County Districts with Delegated Powers.

In order to bring the establishment of Health Visitors a step nearer the ratio of one Health Visitor to each 4,000 of the population, as envisaged in the County Council's Proposals under Section 24 of the National Health Service Act 1946, 19.4 additional posts were created. This increase ensured a minimum ratio in each Health Area/County District with Delegated Powers of one to approximately 5,250 population. No further action was taken during the year on the appointment of Group Advisers for the health visiting staff as the promulgation of the salary scale and conditions of service was still awaited. Representations were made to the Whitley Council concerned requesting determination of such a scale and conditions.

It was possible for only one dental auxiliary, Miss V. P. Cladingbowl, to be allocated to Essex at the end of the first training course in September, Miss Cladingbowl commenced duties on 10th September at the Park House Clinic, Leyton.

Miss A. M. Delves, who was offered the appointment of Midwifery Tutor on the staff of the Lady Rayleigh Training Home in 1961, subject to her passing the Midwifery Teachers Diploma, was successful at her examination and commenced her duties as Tutor on 18th January.

## General

Dr. J. A. C. Franklin, Deputy County Medical Officer of Health, was able to accept an invitation to act as consultant in the Public Health Administration Section of the World Health Organisation in Geneva for a period of approximately two months. Dr. Franklin's work was in connection with the preparation of documents and working papers for the meeting of the Expert Committee on Urban Health Services.

## Refresher Courses

The Senior Medical Officer for Mental Health and one Assistant County Medical Officer attended a course on "The Mental Development and Diagnostic Testing of the Very Young" held at the Child Development Research Centre, London, and three Assistant County Medical Officers attended a course on "The Diagnosis and Treatment of the Deaf Child" at the Institute of Laryngology and Otology. A weekend refresher course arranged by The British Post-Graduate Medical Federation was attended by six Assistant County Medical Officers and five Medical Officers were sent to a course entitled "Changing Concepts in the Field of Child Health" organised by The Society of Medical Officers of Health. Courses of instruction in "The Administration of Anaesthetics in Dentistry," held at the Eastman Dental Hospital, London, were attended by five Assistant County Medical Officers.



The Chief Dental Officer, twenty Dental Officers and thirty-one Dental Surgery Assistants attended special one-day courses of instruction arranged by Kodak Ltd., on the subject of radiation hazards in the use of dental X-ray equipment. A course of ten lectures on "Nuclear Physics and its Application" arranged by the Essex Education Committee was attended by the County Health Inspector, two Assistant County Health Inspectors and the Health Education Organiser. The Health Education Organiser also attended a Summer School organised by the Central Council for Health Education.

Two Non-Medical Supervisors of Midwives and Superintendents of Home Nursing attended a course organised by the Association of Supervisors of Midwives and one Assistant Superintendent (District Nurses' Training Home) was present at a course for administrators arranged by the Queen's Institute of District Nursing. One hundred and forty three Health Visitors, Midwives, Home Nurse Midwives and Home Nurses attended appropriate refresher courses organised by the Health Visitors' Association, The Royal College of Midwives, The Royal College of Nursing and the Queen's Institute of District Nursing. Three Health Visitors were sent to a course on "Hearing Testing Techniques" at the Institute of Laryngology and Otology, and three Day Nursery Wardens, one Deputy Matron, fourteen Nursery Nurses and three Nursery Assistants attended various courses for Day Nursery Nursing Staff at the North-Western Polytechnic, London.

Training Centre staff continued to be seconded to the one-year course of the National Association for Mental Health leading to the Association's Diploma and four members of the staff commenced attendance in September. Two of the staff completed a similar course in July and having obtained the Diploma were promoted Assistant Supervisors. Three Supervisors attended a refresher course held at the High Leighs Conference Centre, Hoddesdon, Hertfordshire and one Senior Assistant Supervisor was sent to a course for teachers of the mentally handicapped at the City of Sheffield Training College, both courses being organised by the Association. Owing to the additional expenses incurred by candidates who attend the one-year Diploma Course it was found necessary to increase the out-of-pocket expenses payable to each candidate. A refresher course arranged by the College of Speech Therapists was attended by five Speech Therapists and ten Chiropodists were sent to a course held at the London Foot Hospital.

A course arranged by the Association of Public Health Lay Administrators was attended by three Senior Administrative Assistants, and two Administrative Assistants attended a similar course arranged by the National and Local Government Officers Association.

### Medical Examination of Staff

The number of medical examinations of staff during 1962 totalled 5,888 (1,055 on behalf of other local authorities) compared with 5,148 the previous year and 6,042 in 1960.



## **Blood Transfusion Service**

Blood donor sessions for members of the Staff of the County Council employed in the Chelmsford area have been arranged for some years past by the North-East Metropolitan Regional Blood Transfusion Centre, the necessary appointments for the staff of all Departments being made by the Health Department. Two such sessions were organised in June and December.

Six years ago the panel of volunteers contained 133 names, whilst at the end of the year under review the figure had risen to 193.

It is gratifying to record the public-spiritedness of a nucleus of volunteers who have donated blood twice a year since the sessions commenced.

## **Motor Transport for Staff**

At the end of the year 846 officers employed in the County Council's Health Services were using motor transport in connection with their official duties. Of these, 255 were allocated County cars and the remaining 591 were authorised to use their privately-owned motor cars, motor scooters, or mopeds on County business. The Council vehicles comprised 249 motor cars, four 5cwt. vans, one 10/12-cwt. van and one Utility vehicle.

During the latter part of the year consideration was given to the provision of safety belts in vehicles owned by the County Council following a recommendation received from the Queen's Institute of District Nursing to the effect that the use of safety belts by car drivers should be encouraged by Local Authorities. It was decided not to fit safety belts at present but that officers allocated County cars who were desirous of using safety belts could have them fitted at their own expense if they wished to do so.

In 1960 it was decided on behalf of the County Council to standardise the County fleet generally on the Morris Minor 2-door saloon with the proviso that 4-door saloons be purchased for officers whose duties necessitated the regular conveyance of passengers. This matter was reviewed in October 1962 when it was decided that henceforth the County fleet of cars should be standardised on the Morris "Miniminor" for all officers unless their duties were such that the provision of this smaller type of vehicle was unsuitable or impracticable.

During the year 39 members of the staff of the Department received loans under the Council's Assisted Purchase Scheme to enable them to acquire cars for use on official business, compared with 23 the previous year. Of these 39, 5 officers purchased the County cars that had been allocated to them and the outstanding balance of 3 loans taken out by officers with other local authorities were accepted by the County Council when the officers concerned commenced duty.

The results of the experiment, introduced in 1961 as an aid to recruitment to overcome the shortage of midwives, of providing car driving tuition of up to 12 lessons at the Council's expense were investigated, and it was found that these arrangements had assisted the recruitment of midwives, particularly in the rural areas.

## SITES AND BUILDINGS

### Health Services Clinics

New Clinics were opened at Cranham, Hockley and Mistley and extensions were added to existing clinics at Maldon and Romford and to the Health Centre at Harold Hill.

Work was commenced on new clinics at Basildon and Harwich and on extensions to that at Clacton-on-Sea and preparations were in hand for the erection of new clinics at Wickford, Harold Wood, Chelmsford (Moulsham Lodge Estate) and Colchester.

### Day Nurseries

Work proceeded on the erection of new day nurseries at Basildon and Leyton.

### Ambulance Stations

New Ambulance Stations were opened at Romford and Clacton-on-Sea, a start was made on the erection of new stations at Basildon, Harlow and Thurrock and preparations were in hand for new stations at Ongar and Wickford.

### Training Centres for the Mentally Disordered

New comprehensive Training Centres were opened at Basildon and Romford, the latter replacing the Ilford Junior Training Centre which had been accommodated in unsatisfactory hired premises, and a start was made on the erection of a Junior Training Centre at Harlow as part of a two-stage scheme for a comprehensive Training Centre. Schemes were prepared for the erection of Adult Training Centres at Chelmsford and Leyton.

### Hostels for the Mentally Disordered

A purpose-built hostel for mentally subnormal children was opened at Stanway, near Colchester and a pair of houses, made available by the Colchester Borough Council, were adapted to provide a hostel for persons recovering from mental illness.

A start was made on the erection of hostels at Stanway and Harold Wood Hall, Romford for mentally subnormal adults and plans prepared for new hostels at Stanway and Harold Hill, Romford, for persons recovering from mental illness.

### Housing for Nursing Staff

A house was completed at Castle Hedingham and houses were purchased at Stanford-le-Hope, Upminster, Hornchurch, Buckhurst Hill, and Kelvedon. Schemes were prepared for new houses at West Bergholt, Rowhedge and Layer de-la-Haye.



## DECENTRALISATION OF ADMINISTRATION

The number of Health Area Sub-Committees responsible for the day to day administration of health functions under the arrangements for decentralisation which has stood at 11 since 5th July, 1948 was increased by one during the year with the coming into operation of the Harlow Health Area in September. The new Health Area, which covers the whole of the rapidly growing Harlow New Town, was formed from a comparatively small part of the Forest Health Area, the approximate population of which has fallen from 268,000 to 210,000 as a consequence.

Conferences with Area Medical Officers were held on five occasions during the year when, amongst others, the following subjects were discussed : Young Children Handicapped by Impaired Hearing; School Dental Service (frequency of inspections); Mental Health Service (in-service training of Health Visitors and Home Nurses); Development of Local Authority Health Services; Smoking and Health; Chiropody Service (treatment of diabetics) and Health Education (local organisation).

## LOCAL GOVERNMENT ACT, 1958 — DELEGATION OF HEALTH FUNCTIONS

As stated in the Annual Report for 1961, schemes came into force in accordance with Section 46 of the Local Government Act 1958 on 1st April 1961 whereby health functions are delegated to the Colchester Borough Council and the Basildon Urban District Council. These arrangements continued to work satisfactorily during the year under review.

## INTEGRATION OF THE HEALTH SERVICES

The three branches of the National Health Service responsible for the provision of such facilities in the Administrative County worked together harmoniously throughout the year.

The National Health Service Joint Advisory Committee for Essex, which represents the County Council, the North East Metropolitan Regional Hospital Board, the Essex Executive Council (which moved to new premises at Ilford Lane, Ilford, at the beginning of the year), the Essex Local Medical Committee, the Local Dental Committee and the Local Pharmaceutical Committee met on four occasions during the year.

Items of interest discussed were the Local Health Authority's Ten Year Development Plan, when the Chairman of the Health Committee gave a brief summary of the proposed arrangements for the information of members; Maternity Medical Services when it was agreed that general practitioner obstetricians should be allowed the free use of Health Services Clinics, this to apply to their own patients and, when they were acting as deputies, to the patients of any other practitioners; Toxaemia of Pregnancy and the provision of free domestic help.

## OVERSEAS VISITORS

During the year the following visits were paid to the County by officers from overseas.

In June Dr. A. Serigo, a Health Officer on the staff of the Government Directorate of Health in Madrid, Spain and responsible for liaison with the Spanish Ministry of Education for the training of teachers in Health Education, and Dr. Pilar Najera, a medical officer engaged in preventive activities in schools for neglected children in Spain, visited the country under the auspices of the World Health Organisation. Part of their three weeks stay was spent in Essex where they studied the Health Education methods employed in the County and also visited a school to see Dental Health Education work in progress at new and old schools, both in urban and rural communities, where they saw other branches of Health Education work.

During July, Dr. N. A. Rajbully, who is the Officer in Charge of Health of Port Louis, Mauritius, spent two weeks in the County studying general public health administration including environmental hygiene and maternal and child welfare.

In October Dr. D. Pira Degiarde from the Institute of Hygiene in Perugia and Mrs. Fordera-Pape, a Public Health Nurse in the Ministry of Health in Rome, spent a day in Essex when the administration of the Health Education Service was particularly discussed and the visitors were shown exhibition material. Arrangements were also made for a visit to an Ante-Natal Relaxation Class in progress in Colchester.

## LABORATORY SERVICE

For some years arrangements have existed whereby County District Councils may send samples of water (public supplies), milk, ice-cream, shellfish, etc., and sewage effluents to one of the Public Health Laboratories which are situated in Cambridge, Chelmsford, Ipswich, Southend-on-Sea, London (County Hall) and also to the Counties Public Health Laboratories in London.

The first five laboratories are available for bacteriological examination only, such work being carried out free of charge under the National Public Health Laboratory Service. Chemical examinations are not covered by the scheme but the Counties Public Health Laboratories have facilities for this purpose, the cost of such examinations, and of any bacteriological work sent there being borne by the County Council.



The following is a summary of the samples examined on behalf of the County Council and District Councils by these laboratories during 1962:—

Nature of Samples  (1)	Samples examined by	
	Public Health Laboratories (2)	Counties Public Health Laboratories (3)
Milk .....	4,774 (4,134)	174 (437)
Ice cream (including lollies) .....	1,571 (1,420)	364 (478)
Other Foods .....	1,059 (1,002)	286 (214)
Water .....	1,081 (1,139)	578 (534)
Sewage Effluents .....	— (—)	94 (57)
Milk churns, bottles, cartons, etc.	779 (582)	1 (—)

*Note :* Comparable figures for 1961 are shown in parenthesis.

### MILK SUPPLY

#### Milk (Special Designation) (Specified Areas) Orders

Since 1958, the whole of the County of Essex has been a specified area. In June 1962 the specification programme for areas throughout England and Wales was completed with the coming into force of the Special Designation (Specified Areas) (No. 2) Order 1962. This means that only specially designated milk may now be sold anywhere in the country.

#### Milk (Special Designation) Regulations, 1960

Under these regulations the County Council are responsible for the licensing and supervision of milk pasteurising and sterilising establishments and also for the granting of Dealers' (Pre-packed Milk) Licences authorising the use of any of the special designations "Tuberculin Tested", "Pasteurised" or "Sterilised" in that part of the County for which the Council are the Food and Drugs Authority. Thus it is a responsibility of the Council to ensure that milk is heat-treated in accordance with its description (Pasteurised or Sterilised) and also complies with the relevant statutory requirements when sold to the public. The granting of milk producers' licences is the responsibility of the Minister of Agriculture, Fisheries and Food while dairies bottling raw "Tuberculin Tested" milk away from the farm come within the province of the County Council and are frequently visited.

Seven pasteurising plants and two sterilising plants were licensed and by the end of the year 580 Dealers' (Pre-packed Milk) Licences had been granted.

The pasteurising and sterilising plants together treat in the region of 30,000 gallons of milk per day. These premises were visited on a weekly basis in the course of which 439 routine samples of milk were obtained. Milk dealers' premises were also visited for the purpose of initial inspection, re-inspection where necessary, sampling, including taking samples from milk vending machines, on a quarterly basis. Only a very small percentage of milk sold is not heat-treated.

Sterilised milk continues to enjoy popularity, especially in the holiday season, having a ready sale in holiday camps and seaside resorts.

The steam sterilisation of milk at ultra-fast speeds is not legal in this country but such processes have been the subject of considerable research and plant has been designed for this purpose. It is thus envisaged that before many years a new designated milk is likely to be added to those at present available to the public under statute.

The results of examination of the milk samples taken by officers of the Department are as follows :—

	Pasteurised Milk				Sterilized Milk		Raw Tuberculin Tested Milk		
	No. of Samples	Failed Meth. Blue Test	Failed Phosphate Test	Void	No. of Samples	Failed Turbidity Test	No. of Samples	Failed Meth. Blue Test	Void
Licensed Heat Treatment Plants .....	359	Nil	Nil	1	80	Nil	—	—	—
Milk Retailers (and vending machines) .....	2,276	50	2	2	163	Nil	110	19	1
Milk-in-Schools Scheme .....	747	5	Nil	—	—	—	—	—	—
School Meals Service .....	76	2	Nil	—	—	—	—	—	—
Training Centres and Residential Establishments .....	15	Nil	Nil	—	—	—	—	—	—
TOTALS	3,473	57	2	3	243	—	110	19	1

A total of 341 churn rinsings and 144 washed milk bottles were taken at heat treatment and bottling plants and submitted to bacteriological examination to ensure compliance with the Milk and Dairies (General) Regulations, 1959 which govern milk control and cleanliness with provisions applicable to its production, handling and storage, protection against contamination, cleansing and storage of vessels, conveyance, distribution, etc. There were many occasions when churns and bottles were found to be below standard and remedial action was taken including improvements to churn washing plant and, in one case, improved bottle washing methods. It is acknowledged that in all instances relations between the dairymen concerned and the Council's Inspectors were very good.



Vending machines are too often the source of unsatisfactory samples. A total of 21 unsatisfactory samples were collected from some of the 20 licensed vending machines at different times, but principally during the warmer period of the year. In one case remedial action resulted in the removal of the offending machine. Generally speaking it would appear that if the machines are kept clean, properly maintained, and the milk contents replenished on a daily basis (bearing in mind also that in some cases the machines are liable to be abused by certain elements of the public), this means of milk vending is satisfactory. The milk is contained in either waxed containers of basic shape or polythene-lined tetrahedrons. One large dairy in the County packages pasteurised milk in containers of the latter shape both for the vending machine trade and ordinary sale to the public by the Tetra Pak system.

### Biological Milk Sampling

Since 1959 when the whole of Essex became an "Attested Area", biological milk sampling has been confined to herds producing tuberculin-tested milk which is retailed without heat treatment.

Particulars of this type of sampling during the year are as follows :—

#### Tuberculosis

No. of reports received	...	...	...	181
No. free from tuberculosis	...	...	...	181

#### Brucella Abortus

No. of reports received	...	...	...	293
No. free from brucella abortus	...	...	...	290

Each "brucella positive" result was notified to the Medical Officer of Health of the county district concerned in order that he could take appropriate action in accordance with the provisions of Regulation 20 of Part VII of the Milk and Dairies Regulations, 1949. The Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food was also notified.

### Milk-in-Schools Scheme

All milk supplies to schools are of pasteurised milk from a total of fifteen pasteurising establishments, seven of which are situated outside the administrative County. Thus the source of a large proportion of school milk is outside the control of the County Council as a Food and Drugs Authority and adds to the need for sampling. All supplies were subjected to frequent sampling at the schools and the results are given in the Table on page 34.

## Ice-cream

As a popular item of diet, and one which provides a ready medium for the growth of bacteria, ice-cream is a subject for frequent sampling particularly in the more populated areas. During 1961, 29 of the 43 County District Councils in Essex exercised their sampling powers in this respect, making use of the appropriate laboratories as follows :—

<i>Laboratory</i>	<i>No. of Authorities</i>	<i>No. of Samples</i>
Counties Public Health Laboratories, Victoria Street, London .....	6 (10)	251 (365)
Public Health Laboratory, County Hall, London .....	1 (1)	112 (172)
Public Health Laboratory, Cambridge .....	2 (1)	122 (173)
Public Health Laboratory, Ipswich .....	3 (3)	82 (99)
Public Health Laboratory, Southend .....	5 (5)	694 (503)
Public Health Laboratory, Chelmsford .....	15 (12)	561 (240)
	*32 (32)	1,822 (1,552)

*Note :* Figures in parenthesis relate to 1961.

\* Two authorities used two laboratories during the year, which accounts for this figure not corresponding with the one in the second sentence above.

Samples are examined by a form of methylene blue test, adapted for testing ice-cream. This is not a statutory bacteriological standard of cleanliness for ice-cream, but it affords a simple and valuable means for the routine grading of the product.

The following table gives the results obtained throughout the year :—

<i>Month</i>	<i>Grading</i>				
	<i>I</i>	<i>II</i>	<i>III</i>	<i>IV</i>	<i>Total</i>
January .....	58	2	3	—	63
February .....	88	4	3	2	97
March .....	74	5	1	—	80
April .....	134	3	2	—	139
May .....	146	6	3	6	161
June .....	152	18	8	10	188
July .....	148	45	17	9	219
August .....	179	41	31	30	281
September .....	165	25	14	7	211
October .....	139	11	7	3	160
November .....	130	8	7	2	147
December .....	74	1	1	—	76
TOTALS	1,487	169	97	69	1,822
PERCENTAGES	81.6	9.3	5.3	3.8	—



The table shows the high number of samples taken during the summer compared with winter and the high proportion of Grades III and IV, both regarded as unsatisfactory during the warmer time of year.

It is noteworthy that as many as 81.6% were Grade I. This is the highest number to come within this category during the past 10 years although taking Grades I and II together there is little difference from those of the previous year. These results are regarded as very satisfactory. The gradual improvement which has taken place during recent years may be attributed in general to improved hygienic methods on the part of both manufacturer and dealer, their co-operation with public health inspectors, and improved methods of sampling on the part of the inspectorate themselves.

Samples sent to the Counties Public Health Laboratories, London, were also submitted to a plate count and tests for determining the presence of coliform organisms, this form of test being more accurate than that generally employed.

Useful comparison may be made from the results and a clearer picture obtained of the bacterial quality of the product than by the grading method alone.

#### Plate Counts

Plate Count (per ml.)	I	II	III	IV	Total
0— .....	86	1	—	—	87
250— .....	64	3 (1)	3	—	70
1,000— .....	22 (1)	9 (1)	—	—	31
2,500— .....	2	3 (2)	1	—	6
5,000— .....	2	3 (1)	1	—	6
7,500— .....	4	4 (2)	—	—	8
10,000— .....	3	18 (3)	2	4	27
50,000— .....	—	1	1 (1)	2 (1)	4
100,000— .....	—	1	4	4 (1)	9
250,000— .....	—	—	—	3	3
	183	43	12	13	251

Note: The figures in parenthesis relate to samples found to contain Esch. coli. Type I.

As will have been noted from the table on page 36, the number of authorities using the Counties Public Health Laboratories was reduced from 10 in 1961 to 6 in 1962. This has resulted in a reduction in the number of samples examined at these laboratories but the pattern of results is approximately the same. Still too many Grades I and II samples were found to contain bacillus coli.

The public's liking for 'soft' ice-cream has led to developments in soft-serve machines. Ice-cream mix is fed into these machines, and thereby whipped and frozen rapidly so that although brought down to a suitably low temperature the product remains semi-liquid. The increasing use of these machines in mobile food

shops appears to be cause for concern in some areas, since while 'premises used for the sale or the manufacture for the purpose of sale of ice-cream or the storage of ice-cream intended for sale' are required to be registered under Section 16 of the Food and Drugs Act, 1955, the Act contains no such provision covering 'mobile shops' of this kind. Some measure of indirect control would, however, appear to be exercisable in Essex in the areas of those local authorities who have adopted Section 158 of the Essex County Council Act, 1933. This provides for the registration of vendors of ice-cream and premises used by them, while Section 106 of the Essex County Council Act, 1952 gives a local authority power to remove a person from the register or refuse registration if "... satisfied that the public health is or is likely to be endangered by any act or default ... in relation to the quality, storage or distribution of the ice-cream or other commodity ...".

There is no definite bacterial standard or provisional grading scheme in the case of ice lollies. Of this commodity samples were examined during the year by the Counties Public Health Laboratories and the following table gives a summary of the results obtained. It shows the relationship between the pH and the plate count at 37°C.

pH				Plate Count (per ml.)
0—3	3.1—4	4.1—5	5.1—	
34	29	4	10	0—100
1	6	1	12	101—500
—	1	—	2	501—1,000
—	—	—	7	1,001—5,000
—	—	—	2	5,001—10,000
—	—	—	3	Over 10,000
35	36	5	36	

It will be noted from the above table that the majority have a pH of less than 4.5 which is so acid that few bacteria multiply or survive. Such lollies are regarded as quite safe, the only danger being that a lolly may be so acid that there may be a chance of teeth erosion and to avoid this a minimum pH of 3 is recommended. Lollies vary considerably in description, proprietary or otherwise but high plate counts appear to be usually associated with lollies incorporating ice-cream and for such foods the methylene blue test has been found satisfactory in grading the hygienic quality.

## FOOD AND DRUGS ACT, 1955

The Chief Inspector of Weights and Measures has been good enough to let me have the following report on the work undertaken during the year in connection with the sampling of food and drugs in that part of the Administrative County for which the County Council are the Food and Drugs Authority:



During the year a total of 1,725 samples were procured by officers of the Weights and Measures Department under the above Act. This total comprises of 1,703 samples of foodstuffs and 22 of drugs and were taken from a wide range of manufacturers' products available to the public. All the drugs were found to be satisfactory and "follow-up" action was necessary in only 36 samples of foodstuffs, details of which are now given.

### *Milk*

Fifteen samples of milk were found to have been adulterated by the addition of water; four of these were due to a faulty valve in a milking machine and an unsatisfactory in-churn cooler was responsible for a further three. The remaining eight were the subject of successful prosecutions and fines and costs totalling £120 were imposed.

Three samples of milk were found to be deficient in milk fat. Follow-up samples established that the cows were producing milk of low fat content.

One sample of milk which contained a brownish film-like material was submitted for analysis. The suspicious material was found to be milk skin which is non-injurious and not associated with lack of hygiene.

### *Bread*

A sample of bread was found to contain an insect larva which was later identified as that of a flour moth and was believed to have originated at the bakery where action was taken by the local Health Inspector.

### *Scotch Pancake*

A finger nail paring was found in a scotch pancake but it was not practicable to establish beyond doubt whether it was present at the time of sale.

### *Sugar*

A sample of sugar was submitted to analysis with a complaint that it had a slight paraffin odour. Chemical examination established the presence of 0.008 per cent of mineral oil. Again, enquiries failed to establish the source or place of contamination.

### *Sausages*

Two samples of pork sausages were unsatisfactory. One was 12 per cent deficient of the recognised standard of 60 per cent meat content and the second contained preservative when not labelled to that effect.

### *Baking Powder*

A sample of baking powder was found to contain only 4.1 per cent of available carbon dioxide which is approximately 48 per cent deficient of the minimum quantity of 8 per cent. Detailed examination revealed that in all probability the sample had deteriorated and, when originally prepared, would have been capable of yielding more than 8 per cent of available carbon dioxide.

### *Tenda Steak*

Two samples of "Tenda Steak" were submitted for analysis during the year.

These "steaks," on examination, were found to consist of a minced meat preparation containing approximately 95 per cent of meat.

The analyst expressed the opinion that the article was misdescribed as "Tenda Steaks" since the term "steak" implies a whole piece of meat and not a preparation of minced meat.

### *Stewed Steak with Rich Gravy*

On analysis this "stewed steak" was found to contain only 63 per cent of meat whereas in the analyst's opinion "Stewed Steak with Gravy" should contain at least 70 per cent of meat. In view of this it was reported that the meat content was low for an article of this description.

### *Sliced Runner Beans*

Three samples of sliced runner beans were found, on examination, not to have the usual characteristics of runner beans (*Phaseolus multiflorus*) but to be characteristic of sliced French Beans (*Phaseolus vulgaris*).

### *Real Fruit Juice (Apple and Orange)*

Although this fruit juice was found to contain sufficient Vitamin C to justify the statement "Vitamin C (over 100 milligrams)" it was pointed out that this declaration was not satisfactory from the point of view of the Labelling of Food Order in that the Vitamin C content of an article should be stated in terms of the amount present per fluid ounce.

### *Rice Krispies (Vitamin Enriched)*

On analysis this product was found to be in substantial accord with the statement of vitamin content.

It was pointed out by the analyst, however, that the "Krispies" did not contain sufficient vitamins to justify the claim "Vitamin Enriched."

### *Jam*

Two samples of jam were reported upon as unsatisfactory during the year.

A sample of Plum Jam was found, on analysis, to contain only 38 per cent of fruit which amount was slightly below the minimum figure of 40 per cent prescribed by the Food Standards (Preserves) Order 1953.

The other sample of jam was unsatisfactory in that it contained several small fragments of paper.

### *Mushrooms (Canned)*

These mushrooms were regarded as unsatisfactory in that they carried no statement of ingredients on the can in which they were sold, as is required by the Labelling of Food Order.

## **WATER SUPPLIES AND SEWERAGE**

The year 1962 was a fairly dry one, the rainfall for the year, measured at Langford Waterworks being 17.86 inches. June was the driest month and July the wettest.

The trend to sink boreholes or wells for the abstraction of underground water continued, but on a smaller scale than the previous year. Applications made with this intention ranged from an insignificant 600 gallons to 600,000 gallons per day as may be seen from the Table on page 43. The majority of these concerned agricultural irrigation, over half being in the north-east part of the County.



As mentioned in previous reports, the position remains that there is no statutory requirement that the County Council must be notified of applications for licences to abstract underground water and although it is necessary for notice of such applications to be inserted in local newspapers it is not always that these come to the County Council's attention. The difficulty has been brought to the Minister's attention but no action has been taken.

An ever-growing population, a low rainfall, the absence of large rivers, limited underground water resources and water levels which have fallen considerably during the last sixty years, are all factors which have given rise to the problem of water-shortage which is well known. With this in mind every application brought to the Council's notice was investigated, five being objected to on the grounds that sources of public water supply were likely to be affected and that underground water supplies should be under the control of the Water Undertaking in the area concerned. The Minister, however, has made it clear that he does not agree with the latter contention. In 17 cases the Minister saw fit to grant licences, but at the end of the year decisions regarding the remainder had not been forthcoming. At public enquiries evidence was given by the appropriate members of the staff.

Particulars of applications made and licences granted during the year in respect of the abstraction of underground water are given in the Table on page 40.

The report on the Essex and Stour Hydrological Survey undertaken by the Surface Water Survey in 1961 looked into the whole question of water resources and supply and in many cases has proved very useful for reference. According to the report it is expected that by 1980 the population of the area, including part of Suffolk and the areas of the County Boroughs of East Ham, West Ham and Southend-on-Sea will have risen to 2,090,000 and the water demand, in 1960 144 m.g.d., will have risen by 44 million gallons to 158 m.g.d.

One conclusion of the report was that, "There can be no doubt that in the area covered by this report water resources have been developed almost to the limit, and for the further needs of domestic and industrial consumption and agricultural expansion the area will have to look for additional supplies of water beyond the hydrometric boundaries." It is not surprising therefore to find the Tendring Hundred Waterworks Company, in the north-east of the County, where the resources are at a premium and further development is expected, looking to the area of the Samford Rural District in East Suffolk for augmentation of supplies and the South Essex and Southend Waterworks Companies, serving the heavily built-up areas of the south, looking to the Metropolitan Water Board for a *pari passu* bulk supply of water to meet their joint requirements.

In the first case the Tendring Hundred Waterworks Company promoted the Tendring Hundred Water (New Sources) Order, 1962 which would provide for the construction and maintenance of wells, boreholes and adits and pumping stations on the north side of the River Stour with a view to augmenting the Company's existing supply by about two million gallons a day but by the end of the year such an Order had not been made.

In the other case an Order entitled The South Essex Waterworks Order, 1962, promoted by the South Essex Waterworks Company under the Water Act, 1945, containing provisions for obtaining water on behalf of the Southend Waterworks Company, the laying of the necessary water main and construction of treatment works and pumping station was made by the Minister during the year. In addition, the South Essex Waterworks Company deposited a Bill to enable certain works to be carried out for which powers could not be given under the aforementioned Order. This Bill, which became law, also contains a number of miscellaneous provisions. By this means it is anticipated that the potential shortage of water in the County will be reduced to 10 m.g.d. in 1980. In view of this possible shortage all means of conserving water in the County need to be exercised.

The Lee Valley Water Company, who supply part of West Essex, including Harlow New Town, and have large commitments in Hertfordshire and North Middlesex, are also faced with growing water demands and were considering new sources of supply. In Essex, a site in the Cam Valley, east of Wendens Ambo has been suggested as one capable of application either directly or indirectly to Harlow.

The question of water conservation is viewed from a national aspect in the Water Resources Bill which came before Parliament towards the close of the year. It proposes the establishment of a central authority (a Water Resources Board) and twenty-six River Authorities. The duties of the Board are to consider the action necessary for conserving, redistributing or otherwise augmenting water resources and to report to the Minister of Housing and Local Government. Extensive duties fall on the River Authorities including that of making a survey and report upon the present and future demands in their areas and making proposals to meet the situation. Among their powers is that of demanding information from anyone abstracting water or discharging effluent and of administering a system of licensing water abstraction and impounding. The Essex River Board would become the Essex Rivers Authority.

In North-East Essex the regrouping of Water Undertakings proceeded with the making of the Tendring Hundred Water (No. 2) Order, 1962 which had the effect of transferring the Water Undertakings of the Clacton and Wivenhoe Urban District Councils and the Tendring Rural District Council to the Tendring Hundred Waterworks Company and, in South Essex, an application being made



<i>Date of Application</i>	<i>Date of Licence</i>	<i>Galls. per Day</i>	<i>Place</i>	<i>Remarks</i>
January .....	March .....	30,000	Alresford .....	—
January .....	May .....	115,000	Little Bromley .....	—
January .....	May .....	110,000	North Ockendon .....	—
—	April .....	150,000	Weeley Heath .....	—
—	May .....	50,000	Southminster .....	—
February .....	June .....	64,000	Great Horkesley .....	—
March .....	May .....	120,000	Ardleigh .....	—
March .....	—	144,000	Langham .....	—
March .....	—	90,000	Witham .....	—
May .....	—	250,000	Hadstock and Shudy .....	Objection by County Council
June .....	—	80,000	Camps (Cams)	Consent given to sinking of two experimental bores.
June .....	—	144,000	South Ockendon .....	Observations forwarded to Minister.
July .....	—	192,000	Rainham .....	Objection by County Council
July .....	—	600,000	Brantham (South Suffolk)	—
July .....	—	60,000	Tolleshunt Major .....	Objection by County Council
—	July .....	1,000	Thaxted .....	—
—	July .....	300,000	Ardleigh .....	—
July .....	—	336,000	Ulting .....	Objection by County Council
August .....	October .....	230,400	Dedham .....	—
August .....	—	336,000	Upminster .....	—
September .....	—	72,000	Thorrington .....	—
October .....	—	200,000	Manningtree .....	—
November .....	—	100,000	Thorrington .....	—
November .....	—	74,000	Ardleigh .....	—
November .....	—	80,000	Colchester .....	—
—	November .....	600	Elmstead Heath .....	—
—	November .....	4,000	Harlow .....	—



to Parliament by the South Essex Waterworks Company and the Southend Waterworks Company for a Bill which would have the effect of amalgamating these two large water undertakings together with those of the Chelmsford and Maldon Borough Councils, the Urban District of Burnham-on-Crouch and the Rural District Councils of Chelmsford and Maldon into one Company to be called the Essex Water Company. At the end of the year this Bill was being considered by the Councils' officers with a view to ascertaining if there were any grounds on which objections should be recommended.

As regards north Essex, negotiations were proceeding for the undertakings of the Saffron Walden Borough Council and the Saffron Walden and Dunmow Rural District Councils to be taken over by the Lee Valley Water Company.

### **Sewerage and Sewage Disposal**

With a growing population there is often a tendency for sewage treatment works to become overloaded. In the south of the County this aspect of main drainage is one of considerable importance in the areas of Dagenham, Brentwood, Hornchurch and Romford. For over twenty years a regional main drainage scheme whereby sewage from these areas would be treated at Dagenham Riverside sewage works has been advocated by the County Council and has resulted in considerable negotiation. In 1961 the position had been reached where the Dagenham Borough Council's Consultant Engineers were preparing a scheme for enlargement of the Borough's Riverside Works and the County Council had employed their own Consultant Engineers to ensure, in co-operation with their Dagenham counterparts, that the enlarged works would adequately serve the envisaged regional scheme. In 1962 the authorities concerned, with the exception of the Brentwood Urban District Council, reached agreement. The Minister in due course intimated that he had no desire to press the Brentwood Urban District Council to take part in the scheme and while the preparation of the scheme for due enlargement of the Riverside Sewage Works entered its final phase the Hornchurch Urban District Council instructed consultant engineers to plan the necessary trunk sewers on behalf of themselves and the Romford Borough Council. The Brentwood Urban District Council were then left, as they elected, to go ahead on their own and to prepare a scheme for the enlargement of their Nags Head Sewage Treatment Works to serve their own needs.

### **Water Consumption**

Information received from the Statutory Water Undertakers in Essex (excluding the Metropolitan Water Board) shows that the total daily consumption of water in their areas rose a further 2.236 million gallons a day in 1962. This is primarily due to increasing industrial demands, the natural increase in population augmented by immigration into the County and modernisation of older houses.

## Rural Water Supplies and Sewerage

During the year the undermentioned 21 new schemes of water supply and sewage disposal, with a total estimated cost of £668,768, were submitted by the County District Councils (prior to making applications for contributions by the Ministry of Housing and Local Government) under the provisions of the Rural Water Supplies and Sewerage Acts, 1944-1961, and/or for a grant by the County Council under Section 56 (1) of the Local Government Act, 1958. The necessary consultations were held and inspections made with the consulting engineers and officers of the local authorities concerned to ensure compliance with the provisions of the County Councils' Grants Scheme and evidence was given at local enquiries held by the Ministry of Housing and Local Government.

<i>District</i>	<i>Place</i>	<i>Scheme</i>	<i>Cost £</i>
Basildon Urban .....	Church Lane, Crays Hill, Billericay	Water Main Extension	2,650
Braintree Rural .....	Maldon and Wickham Bishops Road, Hatfield Peverel	Water Main Extension	3,254
Chelmsford Rural .....	Mill and Dowsetts Lane, Ramsden Heath	Sewerage .....	4,428
Chelmsford Rural .....	Pleshey .....	Sewerage and Sewage Disposal	16,700
Epping & Ongar Rural .....	Kelvedon Hatch .....	Sewerage .....	44,000
Epping & Ongar Rural .....	Stondon Massey and Nine Ashes	Sewerage and Sewage Disposal	76,231
Epping & Ongar Rural .....	Lambourne End .....	Sewerage .....	7,443
Halstead Rural .....	Bulmer, Foxearth, Great and Little Yeldham, Pentlow, White Colne Stage 3. Second instalment	Water Main Extensions	35,500
Halstead Rural .....	Ridgewell .....	Sewerage and Sewage Disposal	55,600
Lexden & Winstree Rural .....	Messing, Tiptree .....	Sewerage .....	27,098
Lexden & Winstree Rural .....	Vine Road, Tiptree	and Sewage Disposal	80,907
Lexden & Winstree Rural .....	Vine Road, Tiptree	Water Main Extensions	973
Lexden & Winstree Rural .....	Fingringhoe, Abberton, Langenhoe and Peldon	Sewerage and Sewage Disposal	167,150
Lexden & Winstree Rural .....	Aldham Church area	Sewerage .....	13,500

<i>District</i>	<i>Place</i>	<i>Scheme</i>	<i>Cost</i> £
Maldon Rural .....	Woodham Walter .....	Sewerage and Sewage Disposal	24,500
Rochford Rural .....	Church End, Foulness Island	Sewerage and Sewage Disposal	13,492
Rochford Rural .....	Burnham Road, Hullbridge	Sewerage (Extension)	3,111
Saffron Walden Rural .....	Littlebury .....	Sewerage and Sewage Disposal	67,720
Saffron Walden Rural .....	Birchanger (Western half)	Sewerage .....	7,500
Saffron Walden Rural .....	Stanstead Mountfitchet	Sewerage - .....	14,500
Tendring Rural .....	Whitehall Lane and Second Green, Thorpe-le-Soken	Water Main Extension	2,510

The Minister of Housing and Local Government undertook to make Exchequer contributions in the following instances :—

<i>Rural District</i>	<i>Scheme</i>	<i>Estimated Cost</i> £
Tendring	Water Supply, Spring Valley Lane, Ardleigh	1,660
Tendring	Water Supply, Whitehall Lane, Thorpe-le-Soken	2,510
Chelmsford	Sewerage, Danbury and other parishes	468,998
Lexden and Winstree	Sewerage, Aldham Church Area	13,500
Rochford	Sewerage, Hullbridge, Stage II	24,155

and in the case of the following decided to make revised Exchequer contributions :—

<i>Rural District</i>	<i>Scheme</i>	<i>Final Cost</i> £
Halstead	District Water Scheme Stage III	49,286

and Exchequer contributions towards final cost in the following cases :—

<i>Rural District</i>	<i>Scheme</i>	<i>Cost of Scheme</i> £
Tendring	Water Supply, Chisbon Heath/Weeley Heath	6,750
Dunmow	Sewerage, Upper Chelmer Valley—Contract No. 9	66,110 (Final cost)



The Minister decided to make a revised grant (in lieu of a lump sum) towards the following :—

<i>Rural District</i>	<i>Scheme</i>	<i>Final Cost</i> £
Maldon	Sewerage and sewage disposal, Goldhanger	12,890

The following schemes were approved by the County Council for revenue grant purposes during the year under review :—

<i>Rural District</i>	<i>Scheme</i>
Tendring	Water Supply Spring Valley, Ardleigh
Chelmsford	Sewerage, Danbury and other parishes

The total estimated grants payable by the County Council to rural district councils in the County for the financial year 1961-1962 amounted to £62,997 including estimated grants of £10,233 and £3,770 respectively payable (in accordance with the provisions of Section 2 of the Rural Water Supplies and Sewerage Act, 1944, having regard to contributions payable by the Ministry) to the Chelmsford and Maldon Rural District Councils who do not participate in the County Council's grants scheme.

The policy of the County Council has always been to encourage Rural District Councils to sewer their districts wherever necessary and where applications for Ministry grant under the Rural Water Supplies and Sewerage Acts have failed, and the County Council have subsequently not been compelled to make a contribution, they have, in appropriate cases, nevertheless contributed towards the District Councils' expenditure under their Approved Grants Scheme as authorised by Section 56 (1) of the Local Government Act, 1958.

Lack of uniformity in progress made since the Rural Water Supplies and Sewerage Act, 1944 came into operation has been apparent for some time. Whilst the County is well provided with principal water mains, delays following the County Council's recommendations regarding the provision of some sewerage schemes resulted in increased costs, which necessitated higher contributions from the County Council than had been anticipated when the schemes were originally approved.

Increased developments, the availability of main water supplies, also standard and discretionary housing grants (under which modern amenities including bathrooms and W.C.'s can be provided) have resulted in the greater use of water and increased flows in sewers which have to be treated at sewage disposal works.

In addition to the outstanding, and in some cases, costly schemes envisaged to sewer adequately existing property coming within the scope of the Rural Water Supplies and Sewerage Acts, anticipated development in the Rural Districts, compared with the existing populations, is as follows :—

Rural District	Mid-1962 Popn. (est.)	1971	Anticipated Population		
			Increase over 1962 Popn. (%)	1981	Popn. (%) Increase over 1962
Braintree ... ..	23,140	26,500	15	29,500	27
Chelmsford ... ..	49,720	77,000	55	92,500	86
Dunmow ... ..	20,760	23,500	13	27,000	30
Epping & Ongar ... ..	37,790	41,000	8	42,000	11
Halstead ... ..	16,390	18,000	10	20,000	22
Lexden & Winstree ... ..	23,230	27,000	16	30,000	29
Maldon ... ..	16,380	18,000	10	20,500	25
Rochford ... ..	32,500	38,000	17	41,000	26
Saffron Walden ... ..	18,160	20,000	9	23,000	26
Tendring ... ..	25,020	28,000	12	38,000	52

It is obvious, therefore, that all Rural District Councils should consider existing outstanding sewerage schemes in conjunction with probable future development. This, however, should not be an excuse for inactivity until future populations are more definite, but an incentive to sewer suitable existing property, allowing ample capacity and ensuring that the sites of sewage disposal works are adequate to allow for enlarging the works as and when it becomes necessary.

Particulars of progress made to date in each Rural District in the Administrative County is set out in Table XI on pages 112 and 113.

During the year engineering investigations were held in connection with the following sewerage schemes :—

Rural District	Details
Epping and Ongar	Nine Ashes, Stondon Massey
Maldon	Woodham Walter
Maldon	Tillingham
Halstead	Colne Engaine
Lexden and Winstree	Great Horkesley
	Wakes Colne and Chappel
	Wakes Colne Green

These were held by Engineering Inspectors of the Ministry of Housing and Local Government and the County Council were represented by the County Health Inspector or an Assistant County Health Inspector.

The annual inspection of water supply and sewerage schemes for which the County Council made contributions under their Approved Grants Schemes was carried out in eight rural districts during the year. The maintenance of the works was regarded as satisfactory in each case.



## County Council Sewage Disposal Works

There are a number of schools and other establishments controlled by the County Council with disposal works which discharge either directly or indirectly into streams and rivers under the control of the Essex River Board or The Lee Catchment Board. A high standard of effluent is required and in order to determine that conditions are satisfactory such premises are visited from time to time and samples obtained for chemical examination, brief particulars for 1962 being as follows :—

Number of visits	...	...	...	...	67
Number of samples of effluent	...	...	...	...	59
	Satisfactory	...	...	...	36
	Unsatisfactory	...	...	...	23

Unsatisfactory results are reported to the County Department concerned in order that any necessary remedial works may be carried out.

## Refuse Disposal

There are now 41 refuse tips which are regularly visited by County Inspectors to ensure compliance with the Essex County Council Act, 1933. A total of 558 inspections was made of these tips during the year.

Five large tips on the Thames marshes receive refuse conveyed from London Boroughs by barge. Dislocation of this method of disposal occurred during the lightermen's strike in August, and road transport was then used to a limited extent.

It is noticeable that some authorities in the Greater London area are having to transport their refuse longer distances to points of disposal, a trend which may increase in future years.

It was necessary to instigate proceedings under the 1933 Act in one case where a tip consistently failed to comply with the requirements of Part I. Following conviction of the Company concerned, improvements have resulted.

Generally, constant vigilance has ensured that the refuse being deposited on the hundreds of acres of marshes and in disused gravel pits has been tipped in a sanitary manner and that nuisances from smells, rats and flies do not arise. One particular tip where liquid waste has been deposited caused some concern over the possible pollution of underground water. Other authorities concerned are also watching the position closely.

In addition to the above-mentioned refuse tips there are 60 which are subject to control under the Town and Country Planning Acts. Seventy-one visits were made to them during the year.

Controlled tipping is practised in all cases and this ensures adequate covering and proper compaction. The latter is important in these days of very light and bulky refuse, so that completed areas can be utilised with minimum delay. Recreation grounds and sports fields are planned in several instances and improved aspects to the areas concerned will thus be achieved.



## RURAL HOUSING

During the year steady progress continued in various aspects of rural housing. On average each authority was responsible for the demolition or closure and the reconstruction and/or repair of 29 and 76 dwelling houses respectively. The Tendring Rural District Council headed the list with 48 dwelling houses in the first-mentioned category and the Halstead Rural District Council were foremost with 182 in the other.

It is noteworthy that the Rochford Rural District Council have completed their programme for dealing with seriously unfit houses in their district.

It is appreciated that in dealing with large numbers of houses scattered throughout a large district, estimates of seriously unfit houses will vary from time to time. The original figure may have been incorrect, owing to other commitments inspection details may not be up-to-date, or there are borderline cases and interpretations of standards may differ. The rate of progress certainly differs as between one authority and another. Actually four Rural District authorities, according to their slum clearance returns of 1955 had at that time estimated numbers of unfit houses less than that of the Rochford Rural District Council and these four authorities still consider that they require  $2\cdot4\frac{1}{2}$  years to complete their programmes. Of these four authorities the Tendring Rural District Council found in their re-assessment of 1961 that they still had approximately the same number of unfit houses as in 1955. At the end of 1962 this authority estimated that it still had 165 houses remaining unfit for human habitation, only 12 less than the 1955 figure, although over 200 have been demolished or closed in the meantime.

In the original estimates the Dunmow Rural District Council appeared to be burdened with the highest number of seriously unfit houses, 767. The figure in this category is now given as 71 but, this authority points out, the figure is likely to be altered as routine inspection proceeds.

In 1955 the Braintree Rural District Council had the second largest number of seriously unfit houses. This authority recently completed a revision of its Housing Survey with the result that it is found to have 425 houses remaining in that category to deal with and for which five years are considered necessary.

Informal action continues to play a major part in the rendering of houses fit for human habitation, one of the greatest efforts in this respect being to the credit of the Halstead Rural District Council.

House building continued with a fall in the rate of Council house building and further increase in the rate of private enterprise development. The highest number of Council houses (141) were built by the Chelmsford Rural District Council and the lowest by the Dunmow, Rochford and Saffron Walden Rural

District Councils, being 6, 7 and 4 respectively. The latter figures would appear to suggest that local authority building today is not necessarily closely related to the slum clearance programme or, to judge from the Council house waiting list (Table IX), to the numbers of applicants in urgent need of re-housing. Here, however, it is appreciated that there are such factors as Ministry allocations, and delays in commencing one programme after the completion of another, to be taken into consideration.

Flourishing on the needs of an ever-growing population, private enterprise was most active in the Rochford Rural District, with a total of 538 houses erected, followed in succession by the Chelmsford and Lexden and Winstree Rural Districts, these being significantly in the vicinity of the three large employment centres, Southend-on-Sea, Chelmsford and Colchester respectively.

Disappointingly, the numbers of persons on Council house waiting lists who are in urgent need of re-housing have not improved, except in the case of the Maldon Rural District. It is sometimes difficult to establish what exactly is "urgent need." Here regard should be had to families who are sharing accommodation in real discomfort, in overcrowded conditions, in slums, and in certain cases of illness.

The improvement of housing to modern standards is an important aspect of housing which is aided by the provision of sewerage schemes in areas where previously night soil collection and cesspool drainage applied and, equally important, in these days of high building costs the incentive of grants made by local authorities under the Housing (Financial Provisions) Act, 1958 and the House Purchase and Housing Act, 1959 being discretionary in the first instance and standard in the second. Details of the progress of local authorities in this aspect of housing are shown in Table VIII on page 109. It will be noted that the activities of the Chelmsford Rural District Council continue to be outstanding with the largest sum expended in this manner up to and including 1962, viz. £247,392, but the largest sum expended during 1962 is to the credit of the Lexden and Winstree Rural District Council. The total amount of grant paid under the Housing (Financial Provisions) Act, 1958 and the House Purchase and Housing Act, 1959 has increased by £157,751 above the total for 1961.

In addition to improvement grants local authorities are able to make advances or guarantees under the Small Dwellings Acquisition Acts and the Housing Acts to assist in the purchase, conversion, improvement etc., of houses. Details of the participation of rural authorities in this aspect of housing are given in Table X on page 111 from which it will be noted that the work of the Rochford and Epping and Ongar Rural District Councils is outstanding.



## ATMOSPHERIC POLLUTION

The County Council do not directly operate the Clean Air Act, 1956, but they are represented on the London and Home Counties Clean Air Advisory Council and on the Standing Conference of Co-operating Bodies investigating Atmospheric Pollution in collaboration with the Department of Scientific and Industrial Research.

The Department of Scientific and Industrial Research indicated in 1961 that sufficient information had been obtained in the National Survey of Air Pollution to permit deposit gauges and lead peroxide instruments to be discontinued. In their place, it was thought that measurements of smoke and sulphur dioxide should be obtained by daily volumetric instruments. In Essex, the suggestion was that 10 such instruments should be established—six in rural areas and four in small towns.

The County Council agreed to make an 80% grant to the District Councils concerned towards the cost of purchasing ten volumetric instruments, as it was felt that the information to be obtained would be used for the benefit of the whole country. It was also agreed that a reflectometer be purchased for taking measurements from the smoke filters.

Sites for the volumetric instruments will be carefully selected. These instruments will measure smoke and sulphur dioxide as these are the most widespread pollutants. "Smoke" consists of very small particles that can remain airborne indefinitely. They are important not only from the health aspect but also cause soiling of buildings, fabrics, etc. Sulphur dioxide is derived from the sulphur present in coal and fuel oils. Economic methods for its removal from fuels or from chimney gases are not yet available. It will thus continue as a pollutant for some time and it is important that its concentration should continue to be measured.

## ESTABLISHMENTS FOR MASSAGE OR SPECIAL TREATMENT

Licensing procedure continued under the Essex County Council Act, 1933, as follows:—

- New licences granted—8
- Licences renewed—82
- Licences for transfer of premises—7
- Inspections made—193

The Council considered the adequacy of washing facilities in those establishments for which renewal of licences was sought. It was agreed that improvements in such facilities were needed at 36 premises.

By the end of the year satisfactory washing facilities had been installed at 32 of these establishments.

The new premises licensed were generally very satisfactory.



## SECTION III—THE CARE OF MOTHERS AND YOUNG CHILDREN

### Child Welfare Centres

At the beginning of the year under review the County Council were providing a total of 268 Child Welfare Centres and during the year in order to meet the demands of the changes in population, two centres were discontinued and six were opened, as follows:—

#### *Centres Discontinued:*

Village Hall, High Easter  
Spicer Hall, Chingford

#### *New Centres Opened:*

British Red Cross Society Hall, Frinton-on-Sea  
Village Hall, Gosfield  
Village Hall, Little Clacton  
District Ratepayers Association Hall, Burrsville Park, Clacton-on-Sea  
Methodist Church Hall, Moulsham Lodge Estate, Chelmsford  
Lee Chapel Community Hall, Basildon

In addition there were a number of changes of premises as follows:—

Parish Hall, Hutton to Health Services Clinic, Hutton  
Village Hall, Hockley to Health Services Clinic, Spa Road, Hockley  
The Institute, Mistley to Health Services Clinic, New Road, Mistley  
Church Hall, Cranham to Health Services Clinic, Avon Road, Upminster  
Bowers Gifford Mission Hall, Pitsea to Vange Community Centre, Pitsea  
Parish Hall, Chingford to Assembly Hall, Chingford  
The Baptist Church, Springfield Park Road, Chelmsford to Parish Hall, Springfield Road, Chelmsford.

### Distribution of Welfare Foods

During 1962 welfare foods were being distributed from 449 Centres in the Administrative County, this being ten less than in the previous year. 173 of these distribution Centres were in Health Services Clinics and 276 in other premises. Welfare foods, including National Dried Milk were distributed to beneficiaries during 1962 in the undermentioned quantities. Comparative figures are given for the previous year.

		1961	1962
Orange juice and vitamin C (bottles)	...	715,831	476,909
Vitamins A & D tablets (packets)	... ..	87,629	51,878
Cod liver oil (vitamins A & D) (bottles)	...	82,444	42,403
National dried milk (tins)	... ..	429,819	388,880

Although there was an increase of 33,710 in the population during 1962 it will be seen from the above figures that there was a considerable decrease in the quantities of welfare foods distributed and this may be attributed in the main to the fact that since June 1961 not only has the price of orange juice and vitamin C increased, but also a charge has been levied for vitamin A and D tablets and cod liver oil, which were initially issued free of charge.

### Medicaments and Nutriment

The arrangement continued during 1962 whereby approved medicaments are issued free of charge and nutriment issued at reduced prices on medical recommendation to mothers and young children from Child Welfare Centres. As in previous years, additional proprietary brands of nutriment were added to the list of issues from the clinics concerned when there was a justifiable demand.

### Dental Inspection and Treatment

The Report of the Chief Dental Officer on the work of the County Dental Service appears on page 98. Dental Treatment provided for expectant and nursing mothers and young children carried out during 1962 as compared with the previous year was as follows:—

	Expectant and Nursing Mothers		Children under five years of age	
	1961	1962	1961	1962
(a) Numbers provided with dental care :—				
Examined .....	984	832	2,413	2,831
Needing treatment .....	911	911	1,853	2,021
Treated .....	800	699	1,561	1,750
Made dentally fit .....	713	576	1,533	1,657
(b) Forms of dental treatment provided :—				
Extractions .....	1,418	951	1,316	1,200
Anaesthetics :—				
Local .....	571	593	70	73
General .....	236	104	611	579
Fillings .....	1,344	1,343	2,260	2,716
Scalings and gum treatment .....	517	399	33	41
Silver nitrate treatment .....	52	30	1,017	972
Dressings .....	555	507	537	732
Radiographs .....	56	80	6	31
Dentures provided :—				
Full upper or lower .....	102	85	—	—
Partial upper or lower .....	91	67	—	—
Crowns and Inlays .....	1	10	—	—

Detection and Treatment of Phenylpyruvic Oligophrenia

During 1962 arrangements for the detection and treatment of phenylpyruvic oligophrenia continued over the whole of the Administrative County and appropriate tests were made on the urine of 24,901 children (815 more than in 1961). One case was found to have a positive reaction.

Day Nurseries

During 1962 the County Council provided 19 day nurseries with accommodation for 906 children in all. Of these day nurseries 13 were approved for the training of student nurses.

Daily Guardians Scheme

At the end of 1962 the numbers of registered daily minders and of children being cared for were as follows:—

Health Area				Daily Guardians	Children being cared for
Forest	...	...	...	2 (2)	1 (1)
Dagenham	...	...	...	86 (65)	42 (43)
Walthamstow	...	...	...	6 (16)	2 (2)
South-East Essex	...	...	...	1 (—)	— (—)
				<hr/> 95 (83) <hr/>	<hr/> 45 (46) <hr/>

Note : The figures in parenthesis relate to 1961.

Nurseries and Child Minders Regulation Act, 1948

The following table shows the number of premises and child minders registered by the County Council in accordance with the requirements of the Nurseries and Child Minders Regulation Act, 1948 and the number for whom provision was being made at the end of 1962, together with comparable figures for 1961.



Health Area	NURSERIES				CHILD MINDERS			
	Number Registered		Number of Children Provided for		Number Registered		Number of Children Provided for	
	1961	1962	1961	1962	1961	1962	1961	1962
North-East Essex .....	2	2	31	31	5	6	36	53
Mid-Essex .....	3	4	50	68	13	19	136	187
South-East Essex .....	3	5	60	87	7	15	47	103
South Essex .....	18	20	514	618	9	14	58	112
Forest .....	14	13	341	332	24	8	112	36
Romford .....	1	1	2	12	1	4	8	25
Barking .....	—	—	—	—	—	—	—	—
Dagenham .....	—	—	—	—	3	3	22	22
Ilford .....	12	11	384	461	5	9	28	52
Leyton .....	—	—	—	—	3	3	9	9
Walthamstow .....	2	*2	56	56	—	—	—	—
Harlow .....	—	5	—	138	—	10	—	55
Basildon U.D.C. ....	1	4	20	73	7	11	61	85
Colchester M.B.C.....	3	3	72	92	—	—	—	—
TOTAL	59	70	1,530	1,968	77	102	517	739

\* One of these nurseries, whilst being registered for the receipt of 16 children, is not at present operating.

### Nurseries and Child Minders Regulation Act, 1948 and The Daily Guardians Scheme—Protection of Children from Tuberculosis

It was decided during the year that in future cases of registration under the provisions of the Nurseries and Child Minders Regulation Act, 1948 a requirement would be imposed (under Section 2(3) of the Act as part of the precautions against exposure to infectious diseases of the children received)) that all persons engaged in caring for the children concerned should have satisfactorily passed within the two years immediately preceding the application an X-ray examination of the chest, should thereafter submit themselves annually to such examination, without expense to the County Council, and should only continue to be engaged in caring for the children if the results of the examinations were satisfactory. All registered applicants were invited to take similar action in so far as they and any persons engaged by them were concerned. Similar arrangements have also been made in respect of Registered Daily Guardians or applicants for inclusion in the Daily Guardians Scheme.

It is hoped by these means to safeguard further all children cared for under the schemes.

### Child Guidance

Reference was made in my Annual Reports for the two preceding years to the arrangements suggested in Ministry of Health Circular 3/59 dated 10th March, 1959, for Child Guidance Clinic teams to advise staff of Child Welfare

Clinics on such problems of emotional development and behaviour difficulties as they may encounter in their contact with mothers and young children. Although co-operation between the Child Guidance Service and the staff of the County Health Services Clinics was maintained throughout the year, it was not possible, owing to a continued shortage of child psychiatrists, to provide psychiatric sessions for this purpose.

### **Convalescent Facilities**

During the year under review 18 mothers and 39 young children were sent on recuperative holidays in accordance with arrangements made under Section 22 of the National Health Service Act, 1946.

### **Kingsley Hall Day Centre for Handicapped Children**

Mention was made in my previous report that the Kingsley Hall Day Centre, Dagenham, which was initially opened for an experimental period for the care, training and treatment of children with varying disabilities (both mental and physical) was to be established on a permanent basis; the year under review was the first complete year following this decision.

The average daily attendance was 16 children, the majority of absences being due to hospital appointments, dental appointments and holidays. There is excellent liaison with many of the hospitals which the children attend and most of these hospitals provide the Centre with detailed and helpful reports.

During 1962, 15 children were newly admitted to the Centre and 14 were discharged.

### **Child Development Sessions**

As mentioned last year, a pilot scheme for the provision of Toddlers Play Sessions—now known as Child Development Sessions—was commenced at the Health Services Clinic, Granleigh Road, Leyton in February, 1961. This scheme proved very successful and in May, 1962, a further session was commenced at the Leyton Green Clinic. Experience has shown that there are two categories of cases which are helped by these sessions:—

1. Where the principal tension is in the mother, making her continually say 'No' to the child, who becomes frustrated and tense. This problem is eased by providing one session a week which enables the mother to have time free from the responsibility of looking after the child;
2. Where the tension is in the child owing to lack of play space (living in high flats, on main roads, etc.), leading to frustration and difficult behaviour. Here the child may be helped by one session a week although in cases where this may not be sufficient to release all the pent up energy, up to three sessions might well be of real benefit.



The following table gives some details of the attendances at the two Clinics during 1962:—

			<i>Granleigh Road, Leyton</i>	<i>Leyton Green, Leyton</i>
Weeks open	...	...	51	34
Attendances	...	...	650	454
Children who attended	...	...	37	35
Average attendance per session			12.7	13.3
Average number of attendances per child	...	...	17.5	12.9

The question of extending these facilities to other parts of the County is being considered.

### **Boarded-out Children**

Of the 1,082 children examined under the arrangements made for the examination of boarded-out children, 242 were found to require treatment or observation because of various defects and in each case the Area Medical Officer concerned was informed of the findings in order that the appropriate action could be taken. The majority of these examinations were undertaken by general medical practitioners, the remainder being undertaken by the County Council's medical staff.

### **Leukaemia Survey**

In 1956 the County Council began to participate in a nation-wide survey of leukaemia organised by the Department of Social Medicine, Oxford University, and which was prompted by the fact that the death rate from leukaemia in this country had nearly trebled during the previous twenty-five years.

The results and conclusions drawn from that survey indicated that an extension of the scheme was desirable to include more facts about relatives of old cases and more "new" cases and in 1961 the Council agreed to participate in this further scheme. This consisted of visits being paid to the parents of children known to have died from leukaemia and other associated malignant conditions and living children suffering from retinoblastoma; and to a like number of healthy children to act as "controls," matched for age, sex and locality. The visits, which commenced in 1961 and continued in 1962, were carried out by Assistant County Medical Officers (locum Assistant County Medical Officers were employed for additional sessions to carry out visits in North-East Essex; Mid-Essex and Forest Health Areas).

It is hoped that the survey will be completed during 1963 and I will report further when the findings become known.



# SECTION IV—THE MIDWIFERY, HOME NURSING AND HEALTH VISITING SERVICES

## Midwifery Service

The number of midwives who notified their intention to practise in accordance with the provisions of the Midwives Act, 1951 are given below:—

Form of practice	Domiciliary Midwives	Midwives in Institutions	Total
a) Midwives employed by the Authority .....	288	—	288
b) Midwives employed by voluntary organ- isations (including hospitals not transferred to the Minister under the National Health Service Act, 1946) .....	—	8*	8*
c) Midwives employed by the Hospital Man- agement Committees or Boards of Governors under the National Health Service Act, 1946:—			
(i) Under arrangements with the local health authority .....	2	—	2
(ii) Otherwise .....	—	295	295
d) Midwives in private practice (including midwives employed in nursing homes) .....	1	6	7
TOTAL	291	309	600

\*Includes seven midwives at the Military Hospital, Colchester.

Domiciliary midwives employed by the County Council attended 11,939 deliveries (415 more than during 1961). No doctor was present at 9,817 of these deliveries.

The total number of births notified during the year under Section 203 of the Public Health Act, 1936 was 32,473 (1,032 more than in 1961) and of these 62.9% occurred in hospital. The percentages of hospital confinements were as follows:—

	%
Colchester M.B. ... ..	73·0
North-East Essex ... ..	77·4
Mid-Essex ... ..	65·2
Basildon U.D. ... ..	49·5
South-East Essex ... ..	41·9

					%
South Essex	...	...	...	...	55·6
Forest (including Harlow)			...	...	60·3
Romford	...	...	...	...	56·5
Barking	...	...	...	...	70·1
Dagenham	...	...	...	...	57·4
Ilford	...	...	...	...	71·4
Leyton	...	...	...	...	75·9
Walthamstow	...	...	...	...	68·7

### Recruitment and Retention of Midwifery Staff

The question of the recruitment and retention of midwifery staff has for some time been causing concern and in order to endeavour to rectify this in some measure it was decided to take action on the following lines:—

- (i) Every encouragement to be given to the introduction of duty rosters (including day duty as well as night duty) involving groups of district midwives, particularly in urban areas, in view of the importance of regular off-duty;
- (ii) Arrangements to be made for the services of part-time midwives to be obtained to undertake the care of mothers discharged from hospital before the tenth day;
- (iii) A more liberal policy to be adopted regarding the provision of motor transport for district nurses, thus enabling district nurse midwives to devote more of their time to midwifery.

### Midwifery Services—Night Calls

At the request of the South Essex Health Area Sub-Committee arrangements were made in the Thurrock district of the Area for a rota scheme for midwives to be introduced incorporating a “transfer call system” operated by the Post Office Telephone Authorities. By this method calls for one particular midwife can be transferred to another midwife, thus ensuring that regular off-duty can be taken by the midwife and that she can make definite arrangements for annual leave.

The scheme is for an experimental period in the first place and when the results are available consideration will be given to its extension, as a next step, to the whole of the South Essex Health Area.

### Maternity Medical Services

In 1959 the Report of the Maternity Services Committee (Cranbrook Report) was issued by the Ministry of Health making various recommendations in connection with maternity medical services, many of which concerned the Local Health Authority. One of these recommendations, which was not implemented pending further consideration of other associated matters, was that

Local Health Authorities should continue to provide premises and facilities for ante-natal clinics without charge to general practitioner obstetricians and to hospital medical staffs holding outlying hospital clinics. Although the Minister had not reached a decision on the associated recommendations of the Cranbrook Report, the County Council decided in 1962 that approval be given to the use, without charge and where practicable, of Health Services premises and facilities by general practitioner obstetricians and hospital medical staffs (but not general medical practitioners) for ante-natal clinic purposes.

### West Ham County Borough Midwifery Service

On 1st January, 1962, the midwifery service in part of West Ham previously provided by the staff of The Lady Rayleigh Training Home, Leytonstone, was taken over by midwives directly employed by the West Ham County Borough Council.

### Analgesia

All the 288 domiciliary midwives employed by the County Council during 1962 were qualified to administer inhalational analgesia in accordance with the requirements of the Central Midwives Board. Inhalational analgesia was administered to 83.9% of women confined at home (1.6% less than the figure for the previous year).

### Ante-natal and post-natal clinics

Attendances at ante-natal clinics and post-natal clinics during 1962 were as shown in the following table :—

	Number of women in attendance		Total number of attendances during the year	
	Number of women who attended during the year	Number of new cases included in previous column	Medical Officers sessions	Midwives sessions
For ante-natal examination—				
1962 .....	12,487	10,569	36,656	40,637
1961 .....	14,605	10,517	39,891	37,050
1960 .....	13,984	10,693	42,131	33,486
1959 .....	13,686	10,755	42,490	30,303
For post-natal examination—				
1962 .....	3,325	3,211	3,717	—
1961 .....	3,452	3,345	4,052	—
1960 .....	3,239	3,227	3,780	—
1959 .....	3,231	3,176	3,864	—



## **Puerperal Pyrexia**

During the year there was a decrease of twenty nine in the number of cases of puerperal pyrexia notified; the total being 328 as compared with 357 in 1961. Of this total only 34 cases occurred in domiciliary confinements, this being 13 less than during the previous year.

## **Ophthalmia Neonatorum**

During 1962 twelve cases of ophthalmia neonatorum were notified (one more than last year). No impairment of vision resulted in any of these cases.

## **Maternal Deaths**

Twelve deaths attributed to pregnancy, childbirth or abortion occurred in the Administrative County during 1962—an increase of 6 in relation to 1961. The maternal death rate per thousand live births was 0.37 as compared with the national rate of 0.35.

In accordance with the accepted procedures, detailed reports of each of these deaths were sent to the Regional Assessor.

## **Care of Unmarried Mothers and their Babies**

As reported previously, the Chelmsford Diocesan Moral Welfare Association undertake the care of unmarried mothers and their children on an agency basis for the County Council. The County Council make a grant of 85% of the approved net deficiency in the Association's central funds.

Under these arrangements 308 unmarried mothers were admitted to hostels in 1962, a decrease of 6 compared with 1961. The average length of stay of these unmarried mothers in the hostels was 5½ weeks prior to confinement and 4½ weeks after confinement.

## **Training of Pupil Midwives**

The County Council's Training Homes continued to undertake the training of pupil midwives for the Part II Certificate of the Central Midwives Board and during the year 99 pupils were trained under these arrangements.

Apart from the number trained at the County Council's Training Homes, pupil midwives from various hospitals are boarded out with midwives in the Health Areas for three months of their Part II training and under this arrangement 72 pupils were accommodated during 1962.

## **HOME NURSING SERVICE**

Student district nurses continue to be trained at the County Council's Training Homes and during 1962, 52 students were trained and of these 48 were successful in passing the examination of the Queen's Institute of District Nursing.

## Arrangements with the West Ham County Borough

As mentioned in my Report for the previous year the phased transfer of the Home Nursing Services from The Lady Rayleigh Training Home to the County Borough of West Ham proceeded according to plan. By the end of the year only one district remained to be transferred.

### Statistics

The total number of patients visited by home nurses during 1962 was 27,718 (2,912 more than in the previous year). The total number of visits paid to these patients was 675,305 and the following table gives details of such visits for the last three years :—

Category of case	Number of cases attended by Home Nurses during			Number of visits paid by Home Nurses during		
	1960	1961	1962	1960	1961	1962
Medical .....	17,482	18,109	21,773	471,048	478,114	549,300
Physical .....	6,817	5,549	5,087	146,312	126,087	106,870
Infectious Diseases .....	185	106	15	1,928	1,166	437
Tuberculosis .....	377	308	320	17,933	15,559	11,858
Internal Complications .....	413	233	201	3,163	1,766	1,356
Others .....	713	501	322	8,662	9,830	5,484
TOTALS	25,987	24,806	27,718	649,046	632,522	675,305

### Central Syringe Sterilizing Unit

Following the recommendations of a Working Party set up by the Medical Research Council that the safest syringes and needles are those produced by a well organised syringe service, a Central Syringe Sterilizing Unit was established at the Health Area Offices, Sidmouth Road, Leyton, no similar service being available at any of the local hospitals.

This service, which is used by the Ilford and Walthamstow Health Areas and The Lady Rayleigh Training Home, in addition to the Leyton Health Area, has proved extremely useful to all concerned.

### HEALTH VISITING

At the end of 1962, 196 full-time and 24 part-time Health Visitors and 21 whole-time and 2 part-time Tuberculosis Visitors were employed as compared with 226 full-time Health Visitors and 27 Tuberculosis Visitors at the end of 1961. Nineteen Health Visitors completed their training during the year at the Health Visitors' Training Centre, South-East Essex Technical College, Dagenham. At the end of the year 12 Essex students were undergoing their training there.



It has not yet been possible to attain the proposed standard of one whole-time Health Visitor for every 4,000 of the population but every effort is being made to this end.

Consideration is being given to applications for the secondment of Health Visitors to work with particular general medical practitioners or groups of practitioners and in this connection it has been agreed that pilot schemes will be operated in an urban and a rural area. Such a scheme is already in operation in Romford and it is expected that a similar scheme will be commenced in the Mid-Essex Health Area during 1963.

Every effort is made to follow-up patients discharged from hospitals but this does of course depend upon prompt and informative notification being given by the hospitals. The County Council introduced special forms for this purpose some years ago but these are not so fully used by hospitals as they might be. The forms are printed in triplicate with the intention that one copy should be sent to the County Council, one copy to the general medical practitioner concerned and the other to be retained by the hospital for record purposes.

### **Mothercraft and Relaxation Courses**

As has been the practice in the past, courses were provided in mothercraft and relaxation for expectant mothers attending the County Council's ante-natal clinics. The courses were run by Health Visitors with special knowledge and experience in these subjects. Normally the course consists of six to eight sessions and at one of the sessions a demonstration is given by a midwife on the use of gas and air machines.

Attendance at the courses is limited to between eight and ten mothers in order that those taking part may obtain the maximum benefit. The demonstrations and talks given include breathing exercises, relaxation and mothercraft, advice on diet, breast feeding and the making of babies' clothes.

### **Statistics**

Health Visitors made a total of 363, 555 visits during 1962 as compared with 361,367 visits during the previous year. The following information gives an indication of the categories of patients to whom visits were paid and for comparison the figures for 1961 are also shown.



	1961	1962
Children aged two and under five years .....	102,783	102,279
Children under one year .....	136,334	135,785
Children aged one and under two years .....	59,808	60,843
Expectant mothers .....	11,222	11,135
Tuberculous households .....	4,528	4,096
Old persons .....	21,275	22,432
Other cases .....	25,417	26,985
Ineffective visits (included above) .....	42,981	45,285

## SECTION V—PREVENTIVE MEDICINE

### CARE AND AFTER-CARE—TUBERCULOSIS

#### Notifications

During the past 8 years there has been, with one exception, a decrease in the number of primary notifications of tuberculosis and I am pleased to be able to report that in 1962 there was a further decrease in primary notifications. The total figure amounted to 666 compared with 692 in 1961.

Detailed information concerning the notifications of respiratory and non-respiratory cases notified during 1962, is given in the following table :—

		Formal Notifications													
		Number of Primary Notifications of new cases of Tuberculosis													
	Sex	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Total (all ages)
Respiratory	M	—	3	5	7	10	17	22	50	85	66	74	43	17	399
	F	1	1	4	5	5	21	26	37	35	22	11	14	10	192
Non-respiratory	M	1	—	1	3	1	6	4	6	10	2	4	1	1	40
	F	—	—	1	2	1	3	5	1	9	5	4	3	—	35

New cases which came to light other than by formal notification were:—

	Sex	Number of cases in age groups									
		1-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75 & over	Total (all ages)
Respiratory	M	—	1	—	1	—	4	4	8	7	25
	F	—	—	—	—	—	2	2	2	4	10
Non-Respiratory	M	—	—	—	—	—	—	—	—	2	2
	F	—	—	—	—	1	—	1	1	—	3

The following table shows the number of primary notifications of tuberculosis together with the number of deaths attributed to the disease and the annual notification and death rates in each quinquennium since 1920 and for individual years since 1958:—

	Respiratory Tuberculosis				Non-Respiratory Tuberculosis				Tuberculosis (all forms)			
	Notifica- tions		Deaths		Notifica- tions		Deaths		Notifica- tions		Deaths	
	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*
1920-24	4,904	1.07	3,212	0.70	1,322	0.29	789	0.17	5,226	1.36	4,001	0.87
1925-29	5,626	1.09	3,376	0.65	1,853	0.36	704	0.14	7,479	1.45	4,080	0.79
1930-34	6,005	0.97	3,498	0.57	2,122	0.34	705	0.11	8,127	1.32	4,203	0.68
1935-39	5,521	0.81	3,015	0.44	1,783	0.26	577	0.08	7,304	1.07	3,592	0.53
1940-44	6,507	1.02	3,081	0.48	1,859	0.29	592	0.09	8,366	1.31	3,673	0.58
1945-49	6,952	0.95	2,674	0.37	1,381	0.19	404	0.06	8,333	1.14	3,078	0.42
1950-54	6,293	0.77	1,448	0.18	879	0.11	174	0.02	7,172	0.88	1,622	0.20
1955-59	3,915	0.45	630	0.07	537	0.06	80	0.01	4,452	0.51	710	0.08
1958	746	0.42	124	0.07	102	0.06	14	0.01	848	0.48	138	0.08
1959	646	0.36	106	0.06	61	0.03	8	0.00	707	0.39	114	0.06
1960	662	0.36	105	0.06	87	0.05	12	0.01	749	0.41	118	0.06
1961	607	0.33	85	0.05	85	0.05	12	0.01	692	0.37	97	0.05
1962	591	0.31	99	0.05	75	0.04	10	0.01	666	0.35	109	0.06

\*Rate per 1,000 population

Domiciliary Visits

Advice and guidance continued to be given to tuberculous patients in their own homes by Health Visitors and Tuberculosis Visitors who, at the same time, provide a link between the patient and the Chest Clinic. Both Tuberculosis Visitors and Health Visitors continued to attend Chest Clinics to discuss with the Chest Physicians the needs of their patients.

Summary of Work Carried Out by Health Visitors/Tuberculosis Visitors  
during 1962

	Number of Tuberculous households  at 31.12.62	Visits to households		Sessions attended at Chest Clinics	
		Tuberculosis Visitors	Health Visitors	Tuberculosis Visitors	Health Visitors
Colchester M.B. ....	279	48	108	136	—
North-East Essex ....	596	—	322	—	48
Mid-Essex ..... ..	873	—	1963	—	388
Basildon U.D. ....	631	—	274	—	252
South-East Essex ....	500	—	349	—	47
South Essex ....	2,426	6,851	148	840	—
Forest (incl. Harlow)	2,298	3,657	176	766	57
Romford ..... ..	1,037	3,615	41	500	45
Barking ..... ..	572	2,803	—	305	—
Dagenham ..... ..	753	2,943	40	272	—
Ilford ..... ..	951	2,665	25	449	—
Leyton ..... ..	710	1,219	—	377	—
Walthamstow ..... ..	1,026	1,010	19	767	—
TOTAL	12,652	24,811	3,465	4,412	837

Follow-up of Contacts

591 cases of respiratory tuberculosis were notified during 1962 (16 less than in the previous year). Contacts of tuberculous cases examined for the first time during the year totalled 3,063 which is 537 less than in 1961.

Open Air Shelters

The number of open-air shelters in use by persons suffering from tuberculosis remained at 14. 49 routine visits were made to these shelters during the year.



## B.C.G. Vaccination

The scheme for the vaccination of Mantoux negative contacts of patients suffering from respiratory tuberculosis was continued during 1962. The number of contacts who were skin tested during the year (2,489) showed a reduction of 11 compared with the figure for the previous year. Details of the work undertaken during the past three years is shown in the following table:—

	1960	1961	1962
Number of contacts skin tested ... ..	2,623	2,500	2,489
Number of contacts found to be negative ...	2,049	2,026	1,823
Number of contacts found to be positive ...	1,826	2,032	1,758

Facilities for the B.C.G. vaccination of school children continued and details concerning these vaccinations compared with the two previous years are as follows:—

	1960	1961	1962
Number of pupils and students skin tested	20,348	20,055	17,000
Number of pupils and students undergoing tuberculin tests:—			
Positive result ... ..	1,928	1,553	1,606
Negative result ... ..	17,898	18,136	14,695
Vaccinated with B.C.G. ... ..	17,750	17,850	14,456

## Occupational Therapy for the Tuberculous

I am indebted to Miss Z. E. Mercer, Occupational Therapist, for the following report on her work of providing occupational therapy for patients suffering from tuberculosis and residing in the Romford, Barking, Ilford and Dagenham Health Areas and in part of the South Essex and Forest Health Areas:—

“There were 61 patients on the Register at the end of the year. Work undertaken by the patients was varied—such as Printing, Marquetry, Bookbinding, Weaving, Basketry, Typrod Mat-making, Embroidery, Leatherwork, Jig-Saw making, Knitting and Crochet.

Sales were made throughout the year from the show-case at Thompson Road and at the Dagenham Town Show. Patients who entered the Handicraft Competitions at the Dagenham Town Show gained several prizes including a “Woman’s Own” Diploma.

The sales enable patients to pay for the materials used in instruction. Some patients have been assisted with payment for materials by the various Care Associations. This has been much appreciated by all and has helped to restore confidence and initiative.

One man who has recently been very ill said that, although unable to do any physical work, he planned colour schemes and designs, and has an ambitious idea for making embroidered curtains when he is stronger.

Another man, a miner, used to heavy work and for long hours, was very upset when he found he was unable to continue working normally. Occupation prescribed by the Physician was to be very light, so a small Printing Press was provided and the patient taught to print notepaper and cards. Later the patient said he could not have been taught anything which suited him better. His outlook changed and he had come to terms with himself and the new life he had to lead.

The wife of another elderly patient commented on the improvement in home conditions brought about by the work he had been taught. Previously he had been very irritable but now his wife could go out occasionally leaving him on his own."

### **Extra Nourishment**

A further reduction in the number of patients receiving one pint of milk a day free of charge occurred in 1962. At the end of the year 1,242 patients, compared with 1,350 patients at the end of 1961, were receiving this extra nourishment.

The extension of the scheme for the provision of free milk to include patients suffering from other chest conditions attending chest clinics, which took place towards the end of 1961, does not appear to have had much effect on the number of patients receiving this service.

### **Rehabilitation**

Arrangements were made for the County Council to accept financial responsibility for one new patient at the Papworth Village Settlement. Two patients were being maintained at rehabilitation establishments at the end of the year under the County Council's arrangements.

### **Mass Miniature Radiography**

93 visits were made during the year under review by the three mobile mass radiography units of the North-East Metropolitan Regional Hospital Board to parts of the Administrative County within the catchment area of the Board, when sessions were held for the general public and at factories, hospitals etc. This was a decrease of 23 over the previous year. Information given by the Regional Hospital Board indicates that 83,608 persons were X-rayed (45,933 males and 37,675 females).

### **Books for Tuberculous Patients**

The demand for library books borrowed by tuberculous patients from the Hospital Library Service operated by the Joint Committee of the British Red Cross and Order of St. John of Jerusalem increased slightly during 1962. Five patients borrowed a total of 230 books.



## Tuberculosis Care Associations

During the 12 months ended 30th November, 1962, the expenditure of the 18 Associations amounted to £12,106 compared with £11,709 for the previous year. An indication of the way in which this money was spent is given below:—

	£
Milk and groceries ... ..	8,005
Fuel ... ..	366
Fares ... ..	478
Clothing, furniture etc. ... ..	332
Holidays, outings, etc. ... ..	223
Diversional Therapy ... ..	63
Other Grants ... ..	1,065
Special Efforts ... ..	1,161
Printing, postages, etc. ... ..	413

There is no evidence to suggest that the decision of the County Council to extend this service for tuberculous patients to persons suffering from chest complaints generally who are attending chest clinics has increased to any appreciable amount the calls made on the resources of the Associations. Grants were made to the Associations on the basis of £2 for each 1,000 population and also they received reimbursement of petty cash expenditure up to £25. Of the total sum paid by the County Council to the Tuberculosis Care Associations an amount of £2,800 was made available for distribution by the Licensing of Places of Public Entertainment Committee from the Sunday Cinema Fund.

## OTHER ILLNESSES

### Recuperative Convalescence

In accordance with the County Council's arrangements made under Section 28 of the National Health Service Act, 1946, 582 patients were provided with convalescence. The County Council's standard charge for convalescence was £3 12s. 6d. per week but this figure was subject to abatement in necessitous cases. Assistance was also given with travelling expenses where necessary.

### Loan of Sickroom Equipment

No change took place during 1962 in the arrangements for the loan of sickroom equipment whereby items of equipment required by patients can be obtained through either the home nurse, the Health Area Offices or, in the case of certain larger items of equipment, from the store of equipment held centrally.



## INFECTIOUS DISEASES

A very much lower figure of infectious and other notifiable diseases (12,084) was recorded in 1962 owing mainly to a considerable reduction in the number of cases of measles notified. The figures given in the following table show the tendency for notifications of measles to rise every second year whilst the figure for other diseases differs only slightly by comparison:—

			<i>Measles</i>	<i>Other</i>	<i>Total</i>
1959	...	...	29,202	7,907	37,109
1960	...	...	3,396	10,822	14,218
1961	...	...	35,367	5,444	40,811
1962	...	...	7,756	4,328	12,084

Further details can be found in table IV at the end of this report.

### PUBLIC HEALTH (AIRCRAFT) REGULATIONS 1952 and 1954

Routine health control at Stansted Airport in 1962 continued operating satisfactorily.

During the early part of the year when an outbreak of smallpox, traced to an undiagnosed immigrant from Pakistan, occurred in this country, special measures were introduced at Stansted Airport in an attempt to prevent further importation of the disease. Assistant County Medical Officers who carried out the health control measures at the airport were on call and any traveller arriving from the sub-continent of India who had not previously been vaccinated or could not produce a valid certificate of vaccination was inoculated.

## VACCINATION AND IMMUNISATION

### Smallpox

Towards the end of January, following the discovery of a case of smallpox at Rainham, arrangements were made by Dr. R. D. Pearce, Area Medical Officer for the South Essex Health Area, in conjunction with Dr. J. Gorman, Medical Officer of Health for the Hornchurch Urban District, for special sessions to be held to cope with the heavy local public demand for vaccination. General medical practitioners who, of course, share with the County Council the responsibilities for vaccination also had to cope with the heavy demand and in addition a number of factory doctors played their part in the arrangements.

A suspected case of smallpox occurred in the Borough of Walthamstow and in this district as well as in other districts, special sessions were arranged to deal with the public demand.

The Health Committee later recorded their appreciation of the efforts of all concerned and of the good work carried out.

The following table gives details of the numbers vaccinated and revaccinated against smallpox during the year 1962:—

Age at date of vaccination	Under 1 Year	1 Year	2-4 Years	5-14 Years	15 Years and over	Total
Number vaccinated .....	20,746 (16,301)	6,399 (1,977)	12,873 (1,415)	61,653 (1,505)	108,914 (2,055)	210,585 (23,253)
Number re-vaccinated .....	70 (2)	143 (15)	4,679 (215)	39,425 (919)	145,697 (4,667)	190,010 (5,818)

Note : Figures in parenthesis relate to 1961

Information relating to the acceptance rates, the numbers of vaccinations and revaccinations carried out and the percentages of persons vaccinated or revaccinated for each Health Area during 1962 is given in the following table:—

Health Area/ Delegatee Authority	Vaccinated Number	Number Re-vaccinated	Infant Acceptance Rate		Percentage of persons vaccinated or revaccinated in 1962
			1961	1962	
Colchester M.B. ....	4,313	5,042	56.2	69.4	14.0
North-East Essex ....	8,493	9,818	63.9	73.9	13.7
Mid-Essex .....	15,425	22,756	56.4	62.8	15.2
Basildon U.D. ....	11,878	8,219	57.7	71.1	21.1
South-East Essex ....	6,462	6,086	47.5	70.4	12.1
South Essex .....	46,540	50,779	59.5	65.0	32.5
Forest (incl. Harlow)	23,166	10,122	67.0	69.1	12.4
Romford .....	28,652	25,171	32.8	45.7	46.6
Barking .....	15,297	10,420	6.2	32.9	35.5
Dagenham .....	20,528	10,888	49.2	78.4	28.7
Ilford .....	16,800	19,913	43.2	70.5	20.7
Leyton .....	5,170	3,194	57.5	33.5	9.0
Walthamstow .....	7,861	7,602	49.1	71.1	14.3
Administrative County	210,585	190,010	52.1	64.5	21.1

### Diphtheria, Whooping Cough and Tetanus

The authority contained in Ministry of Health Circular 26/61 dated 12th September, 1961, for the use of combined antigens for immunisation against diphtheria, whooping cough and tetanus has made it possible for the number of children vaccinated against tetanus to be given for the first time. It is now possible for doses of triple antigens to be used, supplemented with doses of double or single antigens for reinforcing injections against diphtheria and tetanus which does of course, reduce considerably the number of visits necessary to the doctor to obtain immunity from these three diseases.

The following table gives details of the number of immunisations which were carried out during the year and also information concerning reinforcing doses given:—

	Children born in years—							Total
	1962	1961	1960	1959	1958	1953-1957	1948-1952	
A. Number of children who completed a full course of primary immunisation								
Diphtheria .....	6,183	13,732	1,310	457	303	1,576	1,472	24,411
Whooping Cough	6,429	11,686	1,018	335	228	420	121	20,237
Tetanus .....	7,241	9,647	1,773	875	753	6,789	6,695	33,773
B. Number of children who completed a secondary (re-inforcing) injection								
Diphtheria .....	15	723	638	222	308	10,128	1,473	13,507

The following table shows the number of treble, double and single antigen injections given during 1962:—

					Primary Courses	Reinforcing Injections
Triple (Diphtheria/Pertussis/Tetanus)	...				16,619	3,229
Double (Diphtheria/Tetanus)	...	...			3,603	1,630
Diphtheria	...	...	...	...	4,073	8,826
Pertussis	...	...	...	...	3,395	921
Tetanus	...	...	...	...	15,754	4,982

With the introduction of the scheme for immunisation against tetanus and the consequent need for information relating to such injections being readily available, personal record cards of prophylaxis were made available in respect of all children. On these cards, which are kept by parents, are recorded the dates and details of all vaccination and immunisation procedures and the approximate date when the subsequent injection is due.

### Poliomyelitis Vaccination

During 1962 a further advance in the field of vaccination and immunisation occurred with the introduction of Sabin (oral) poliomyelitis vaccine. This vaccine, which is taken by mouth either on a cube of sugar or, in the case of infants, by dropper, not only dispenses with the necessity for injections but, in the case of children under the age of 12 years, reduces the number of doses of vaccine considered necessary to give full protection against poliomyelitis.



The introduction of this vaccine, however, created initial difficulties with regard to storage as it had to be kept at a very low temperature, necessitating deep-freeze facilities. These difficulties were overcome, however, with the co-operation of a number of firms which had such facilities available. Fortunately the need to store the vaccine at such low temperatures existed for a very short period only as in April 1962 an improved oral vaccine which could be stored in an ordinary domestic type refrigerator was brought into use.

During the year vaccinations against poliomyelitis were given as follows:—

<i>Year of Birth</i>	<i>Salk Vaccine (2 injections)</i>	<i>Sabin (oral) Vaccine (3 doses)</i>
1961 & 1962	8,940	10,710
1943 - 1960	4,964	4,094
1933 - 1942	2,519	1,358
Others	4,694	2,638
Total (all ages)	21,117	18,800

In addition the following reinforcing doses were given:

*Salk Vaccine*

3rd injections	...	...	...	...	48,179
4th injections	...	...	...	...	14,065

*Sabin (oral) Vaccine*

After:

2 doses Salk vaccine	...	...	...	30,392
3 doses Salk vaccine	...	...	...	25,581

## Yellow Fever

The County Health Services Clinic, Coval Lane, Chelmsford, which was designated as a Yellow Fever Vaccination Centre by the Ministry of Health, continued to operate during 1962, when 157 vaccinations were carried out, an increase of 34 over the previous year. Vaccinations, which are by appointment, are charged at the rate of one guinea, this charge being subject to abatement in accordance with the County Council's assessment scales for persons normally resident in the Administrative County.

## ESSEX EPIDEMIOLOGICAL COMMITTEE

No meeting of the Essex Epidemiological Committee was held during 1962.

VENEREAL DISEASE

Figures submitted by the Special Clinics show that during 1962 there was an increase of 21 cases of syphilis and gonorrhoea diagnosed over the figure for 1961, although the number of new cases of syphilis diagnosed is the lowest for some years. The total shown below gives details of cases notified during the last five years:—

	1958	1959	1960	1961	1962
Syphilis .....	107	67	66	76	58
Gonorrhoea .....	269	357	395	419	458

The analysis of new cases notified, according to clinics at which the diagnosis was made, is shown in the following table :—

Place of Diagnosis	Syphilis	Gonorrhoea	Other Conditions
Essex .....	24	212	1,209
London .....	31	191	1,230
Elsewhere .....	3	55	367

HEALTH EDUCATION

In 1962 the development in the field of Health Education shown in the previous year was maintained.

Lectures

Conforming with the growth of health education work generally, there was an increase of 253 in the number of lectures given during the year. These lectures, which totalled 5,538, were given to the following groups:—

Youth Groups	...	...	220
Schools	...	...	927
Clinic Audiences	...	...	3,891
Others	...	...	500

Film Shows

During the year two films, entitled ‘That they may live’ and ‘Where there’s a will,’ were added to the Department’s film library which now contains 25 films and 83 film strips.

There was a small reduction in the number of lectures at which film shows were given during 1962 the total number being 489, when 1,001 films were shown. Comparative figures for 1961 were 561 and 1,101 respectively.

## Exhibitions

As has been the practice in past years, the Health Department presented a major exhibition at the Essex Agricultural Show, which was held in June on the permanent site at Great Leighs. Topics included in the exhibition were:—

Holiday Hazards

Home Safety

Smoking and Health

Vaccination and Immunisation

Health Visiting

In connection with the Home Safety Display, a competition which attracted 750 entries was held and a prize of Premium Bonds was given to the winner.

Other exhibitions were held in various parts of the County on such topics as Home Safety, Vaccination and Immunisation, and the Family Year.

## Dental Health Education

The programme of Dental Health Education in schools in Harlow New Town which formed part of the Five-Year Dental Health Education Campaign being conducted in the New Town, gained momentum during the year. Dental Health Weeks were held in 17 schools and return visits were made to six schools for follow-up talks.

Full-scale Dental Health Weeks were also held at two other schools in the Administrative County and in addition the County Council accepted an invitation to take part in a composite exhibition at the British Dental Association's Annual Conference held in Nottingham.

## Smoking and Health

The report of the Royal College of Physicians on 'Smoking and Health,' which assessed the evidence about the relationship of smoking and health and concluded that cigarette smoking is a cause of lung cancer and bronchitis as well as contributing to heart and other less common diseases, was considered by the Council and resulted in recommendations being made for measures to be put into operation to increase the Council's activities in this field.

Among the measures adopted, Health Area Sub-Committees were asked to review their Health Education arrangements, especially with regard to smoking and health and, with the agreement of the County Education Committee, to place special emphasis on conducting campaigns in schools as well as at all other educational establishments. Members of the public have been prohibited from smoking in all health services premises under the control of the Health Committee and the staff of the Department have been requested to refrain from



smoking in public whilst on duty. Approval has been given to the use of a mobile unit provided by the Central Council for Health Education for a period of about 40 days, and at the end of the year arrangements were proceeding for this unit to supplement, particularly at schools and clinics, the County Council's plans for publicising the hazards of smoking.

Full-scale campaigns were held during the year in eight schools.

### **Mouth-to-Mouth Resuscitation**

The new film 'That they may live,' which was added to the film library during the year, deals with the mouth-to-mouth method of artificial respiration. In addition to the film, a life-sized model has been purchased on which this technique can be demonstrated. The film and model did not become available until the end of the year, but on the two occasions they were used, very gratifying results were obtained.

### **Cancer Education**

The pilot campaign mentioned in previous Annual Reports was continued in the Mid-Essex Health Area, and in the catchment area of the Tilbury and Riverside General Hospital.

### **Royal Society for the Prevention of Accidents**

The County Council continued to make a grant to the Royal Society for the Prevention of Accidents and publicity material produced by the Society was made available to Area Medical Officers throughout the County.

### **Home Safety**

The number of Home Safety Committees in operation at the end of the year remained at 11, the same as in the previous year. A grant of £20 was again made to each Committee.

The scheme reported in the Annual Report for 1961, whereby information about home accidents treated at hospitals was reported, concluded at the end of December 1962. Results were, to some extent, disappointing since information from the majority of hospitals was incomplete although the statistical data does provide a useful basis for the planning of home safety campaigns.

### **Health Education in Old People's Homes**

As a result of a request from the County Welfare Committee, arrangements were made for a film to be shown and a talk on the subject of food hygiene to be given to the staff of each of the 36 Old People's Homes administered by the Welfare Committee.

## DOMESTIC HELP SERVICE

The following table gives details of whole-time, part-time and casual helps employed in the Service over the past five years:—

Category	1958	1959	1960	1961	1962
Whole-time helps .....	25	21	17	22	21
Regular part-time helps .....	1,327	1,406	1,575	1,688	1,773
Other helps (casual) .....	1,154	1,145	1,242	1,297	1,383
TOTAL	2,506	2,572	2,834	3,007	3,177
Total working on 31st December .....	2,172	2,293	2,466	2,620	2,692

It was again found advisable to continue the policy of employing domestic helps on a part-time (rather than full-time) basis but difficulties were experienced at certain periods of the year in particular districts in recruiting and retaining sufficient numbers of helps to meet the demands which of course fluctuate owing to the variations in the incidence of illness of patients being nursed at home and the number of domiciliary confinements.

The number of new cases helped during the year under review was 8,286, some 37 more than in the previous year. The total number of cases helped was 18,040, an increase of 863 over the 1961 figure, the total of hours of help provided was 2,406,445. It will be noted from the following table that the service has developed over the last five years but that the annual increase this year has been less than the year before.

### New cases

Category	1958	1959	1960	1961	1962
Maternity .....	2,101	2,121	2,314	2,403	2,469
Acute sick .....	310	828	852	966	884
Tuberculosis .....	113	98	79	61	70
Chronic sick—aged .....	3,043	3,571	3,612	3,680	3,740
Chronic sick—others .....	696	753	750	731	746
Aged—non-sick .....	176	187	150	193	177
Others .....	155	230	217	215	200
TOTAL NEW CASES	7,094	7,788	7,974	8,249	8,286

## Total number of cases and hours of help provided

	1958		1959		1960		1961		1962	
	No. of Cases	No. of hours provided	No. of Cases	No. of hours provided	No. of Cases	No. of hours provided	No. of Cases	No. of hours provided	No. of Cases	No. of hours provided
...	2,189	122,641	2,192	112,264	2,406	114,497	2,529	107,625	2,611	105,499
...	969	46,979	945	44,917	983	47,720	1,109	47,089	1,086	47,045
sis	260	54,561	235	47,203	206	43,263	209	39,583	213	35,784
ck—										
...	7,543	1,313,158	8,570	1,500,102	9,575	1,635,103	10,594	1,703,510	11,349	1,788,782
ck—										
...	1,419	272,369	1,608	297,022	1,705	313,262	1,838	321,308	1,890	313,905
sick	535	82,154	526	80,582	511	77,208	589	77,325	599	77,724
...	209	38,653	293	42,643	302	46,493	309	43,133	292	37,706
SES	13,124	1,930,515	14,369	2,124,733	15,688	2,277,546	17,177	2,339,573	18,040	2,406,445

The scheme mentioned in my Report last year whereby domestic help provided without charge to expectant mothers suffering from toxæmia of pregnancy was continued, and 95 cases were given 7,253 hours of help. The individual hours of help given to patients varied from 6 to over 300.

### Training of Domestic Helps

Miss G. H. Jenkins, County Domestic Help Organiser, reports as follows on the annual training courses of two weeks' duration, which continued to be arranged by the Central Office.

“These centrally-run courses in the first instance aimed at providing domestic helps with an extended knowledge of housecraft and an introduction to certain other subjects, so that they might become health educators and consequently of more than usual benefit to those they attend on duty, and therefore of more value as members of the health team.

It was also hoped that the domestic help organisers would have their confidence in the ability of the helps reinforced by the knowledge that successful completion of the courses meant that a good standard of workmanship had been attained and that a higher capacity for carrying out their duties was assured. This much has been achieved and much more besides. As there has been a demand for training courses of a more preliminary nature to be arranged in the Health Areas, pilot schemes have been arranged in South-East Essex and Leyton. These are being carefully observed since it may be advantageous to have Area courses as a first step in the training, followed by central courses on more specialised lines for those able to benefit from them.



To sum up, the enthusiasm and interest which the large number of women who have been through the centrally-run training courses have shown in the lectures and demonstrations have been very encouraging indeed and augur well for the future of the Domestic Help Service."

## NIGHT ATTENDANCE SERVICE

The Night Attendance Service which has been provided since 1st December 1959 as a directly-operated service throughout the whole of the Administrative County, continued during 1962 for the following types of cases:—

- (a) patients residing alone who were seriously ill;
- (b) patients seriously ill in their own homes where an aged husband or wife could not provide the necessary assistance; and
- (c) the relief of relatives who had to give routine attention to sick people.

The calls on this service were again slightly fewer than in the previous year and the following summary gives an indication of the amount of night attendance provided during the year under review.

	<i>Patients residing alone who are seriously ill</i>	<i>Patients seriously ill in their own homes where an aged husband or wife cannot pro- vide the necessary assistance</i>	<i>The relief of relatives who have to give routine night attention to sick people</i>	<b>Total</b>
Requests for help .....	67	34	171	272
New cases helped .....	56	28	129	213
Total cases com- pleted .....	54	28	130	212
Being helped—				
Under 3 months .....	2	1	5	8
3-5 months .....	—	—	—	—
6 months and over	1	—	3	4
Total .....	3	1	8	12
Total cases helped .....	57	29	138	224
Hours of help .....	3,379	2,419	12,236	18,034

## FACTORIES ACTS, 1937 AND 1948

It was not found necessary to take any action during 1962 under Section 126 of the Factories Act, 1948 whereby the County Medical Officer of Health is liable under certain circumstances, to perform or to arrange for the performance of the functions of factory doctors.

## NATIONAL ASSISTANCE ACT, 1948

The Principal Senior Medical Officer made 57 visits to hostels maintained by the Welfare Committee. During these visits the opportunity was taken to give advice on the prevention of the spread of infection, on diets, on the correct use of isolation rooms, on the sterilisation of equipment and also to review the arrangements for the provision of chiropody for the residents.

### Welfare of the Blind and Partially Sighted

The County Welfare Officer has kindly supplied the following information relating to the registration of persons found to be blind or partially sighted:—

The total number of blind persons on the register at the end of 1962 was 3,296, an increase of 18 over the figure for 1961, and of these, 1,289 were males and 2,007 were females. The age groups of these patients were as follows:—

	Under 16 years	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70 & over	Total
Male .....	47	18	38	74	113	146	107	120	626	1,289
Female .....	35	24	35	36	71	160	114	194	1,338	2,007
TOTAL	82	42	73	110	184	306	221	314	1,964	3,296

At the end of 1962, 941 persons were registered as partially sighted and of these 353 were males and 588 females. The age grouping of the patients was as follows:—

	Under 16 years	16-20	21-49	50-64	65 and over	Total
Male .....	48	27	98	57	123	353
Female .....	32	23	52	83	398	588
TOTAL	80	50	150	140	521	941

A total of 532 Forms B.D.8 were completed during 1962 in respect of new cases including 16 found to be defective sighted and 42 who were not eligible for registration. As a result of these examinations 328 persons were registered as blind and 146 as partially sighted. In addition 392 re-examinations were undertaken with a view to reclassification of the patients concerned and the results of these examinations were:—

Blindness	...	...	...	113
Partial sightedness	...	...	...	204
Defective sightedness	...	...	...	48
Not eligible for registration	...	...	...	27

The table which follows gives a summary of the information obtained in following up all the new cases where treatment was recommended on Forms B.D.8.

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
New cases only :—				
(1) Number of cases registered during the year in respect of which Form B.D.8 recommended—				
(a) No treatment .....	48	18	—	265
(b) Treatment (medical, surgical or optical) .....	87	48	—	158
(2) Number of cases at (1)(b) above which on follow-up—				
(a) Had received treatment	71	47	—	96
(b) Had refused treatment	10	—	—	—

### CHIROPODY

I am pleased to be able to report that during 1962 there was an improvement in the recruitment of chiropodists and as a result it was possible for a general expansion in the service to take place. The total equivalent whole-time staff employed at the end of the year was 46.2 as compared with 33.6 for the previous year.

Comprehensive chiropody facilities continued to be provided in the Barking, Dagenham, Leyton and Walthamstow Health Areas and for priority categories of patients, i.e., the elderly, the physically handicapped and expectant mothers in the remainder of the Administrative County.

In addition to the directly provided chiropody service, the County Council continued making a grant to the Essex Old People's Welfare Committee for the provision of chiropody treatment to persons attending old people's clubs. Owing to the expansion in the County Council's service, however, the number of old people's clubs now receiving grants has reduced considerably.

The arrangement made whereby chiropodists employed by the County Council provide treatment for residents in homes for old people maintained by the County Welfare Committee continued and a measure of the increase



in the facilities provided is shown in the fact that 10,001 more treatments were given in 1962 than in the previous year. Details of treatments are summarised in the following table:—

	<i>New cases treated</i>	<i>Cases under treatment</i>	<i>Clinic attendances</i>	<i>Domiciliary treatments</i>	<i>Treatments at Welfare Committee's Establish- ments</i>
Children .....	1,184	765	6,378	10	—
Physically handicapped .....	263	580	2,855	1,690	316
Aged over 65 years	4,913	16,705	66,244	11,055	4,776
Others .....	1,801	6,899	27,654	43	101
TOTAL	8,161	24,949	103,131	12,798	5,193

## REGISTRATION AND INSPECTION OF NURSING HOMES

There were 18 nursing homes registered by the County Council under Part VI of the Public Health Act, 1936 at the end of 1962. During the year one new home was opened and one home closed.

## AGENCIES FOR THE SUPPLY OF NURSES

At the beginning of the year under review, no agencies were in operation in the Administrative County. One nursing agency, however, was opened in June, 1962 but this closed in November.

## SECTION VI—THE AMBULANCE SERVICE

### Operation of the Service

In my Annual Report for 1961 I referred to the review which had been undertaken that year of the arrangements for the operational control and station management of the County Ambulance Service which resulted in Members approving a revised scheme towards the end of the year.

During the early part of 1962 discussions took place with the staff representatives to acquaint them with the proposals and to discuss certain points of detail e.g., what the duties and rates of pay of certain staff would be. In

August the appropriate hospitals, the two Regional Hospital Boards concerned and all general medical practitioners in the County were given details of the new scheme and of the arrangements for ordering ambulance transport. The scheme was brought into operation in September and details are set out below as it is felt that they may be of general interest.

So far as control of vehicle movement is concerned this is now vested in the two Divisional Controls. The Control at Ilford deals with all requests for ambulance transport arising in Division I (Metropolitan Essex) and requests arising in Division II (the remainder of the County) are dealt with at the Control at Chelmsford. The staff establishments at both Controls have been revised so that officers of higher calibre and extra staff can be employed to meet the increased duties and responsibilities which the new scheme will place upon them. The new establishments also mean that an avenue is open to all suitable members of the staff of the Service to enable them to obtain posts offering greater scope for wider experience and promotion to posts of greater responsibility. It has also been arranged that all members of the Control staff except Clerk/Telephonists are being provided with uniform clothing in order to foster a spirit of team work in the Service.

So far as non-emergency journeys are concerned, hospitals and general medical practitioners have been asked as far as possible to give at least 24 hours notice so that all journeys can be co-ordinated and planned the previous day. The work for each individual ambulance is prepared at the two Controls and the details are sent to the appropriate stations during the night so that the journeys to be undertaken are available when the operational staff report for duty in the morning.

For this purpose the Ilford Control and the five large ambulance stations in Division I, have had closed circuit teleprinter equipment installed. This was introduced early in the year so that some experience could be gained in its use before the new operational arrangements were fully implemented. This system has the advantage that messages can be transmitted and received even though the station may have been left unattended owing to the duty crews being sent on other work.

So far as Division II is concerned, it was neither practicable nor essential for teleprinter equipment to be installed because of the large geographical area and the greater number of stations involved, and the appropriate information is passed over the telephone or radio during the night.

The officer outposted to the London Hospital, referred to in earlier reports, has continued to undertake duties at the Hospital although it is intended to review the necessity for this post in the light of experience.



The revised organisation also made certain changes in the arrangements for the management of ambulance stations and the supervision of the staff. Division II has been divided into four areas consisting of a group of one main and five smaller ambulance stations, each area being in charge of an Area Superintendent who is based on the larger station. He is responsible for the management of his area and the turn-out of vehicles and men and has a clerk to assist him in his duties. Each station in the Division except that at Thurrock is in the direct charge of a Head Driver. Thurrock, which has special responsibilities for the Port of London and which is the largest station without an Area Superintendent, has an Assistant Area Superintendent instead of a Head Driver. This officer is also available to act as relief in the event of any of the Area Superintendents being absent from duty for a prolonged period.

In Division I the number of vehicles and men at each of the five large stations is roughly comparable to the numbers in an area in Division II. In view of this each ambulance station in this Division is also in the charge of an Area Superintendent who has four Head Drivers, one of whom is available on each shift to assist him in the station organisation.

Certain posts such as those of Station Officer and Assistant Station Officer became redundant as a result of the re-organisation but in accordance with the usual policy of the County Council the staff affected were given the option of retaining their existing status and rates of remuneration if they were not successful in obtaining a better post in the new scheme.

The object of the re-organisation was to produce an efficient scheme for the control of vehicle movement and use of man-power with resultant savings in expense. This is being done by employing additional staff to control vehicle movement although there are fewer staff at ambulance stations, a greater proportion of whom are now required to undertake driving duties. Whilst the effect of the re-organisation cannot yet be fully assessed the first results are extremely encouraging and greater savings and efficiency are anticipated in the future.

Minor steps to improve ambulance cover during the year involved among other things the outposting of ambulances and crews to Waltham Abbey and Wickford respectively during the day-time to meet increased demands in those areas.

At the end of the year the agency services remained unchanged.

## Staff

The numbers and categories of the operational staff in the Service at the end of 1962 were 9 Area Superintendents, 9 Station Officers, 17 Assistant Station Officers, 2 Assistant Area Superintendents, 19 Head Drivers, 478 Driver Attendants, 2 Control Supervisors, 8 Controllers, 8 Assistant Controllers, 15 Control Operatives, 15 Control Clerk/Telephonists, and 1 Outposted Officer at the London Hospital.



The staff were encouraged to obtain a First Aid Certificate and to take a refresher course at intervals not exceeding three years. At the end of 1962 all Driver Attendants with a very few exceptions held current First Aid Qualifications recognised by the County Council.

## Vehicles and Equipment

During the year 19 new dual-purpose vehicles with diesel engines were brought into use to replace the same number of obsolete petrol-engined vehicles. Orders were also placed for a further 21 similar vehicles and a limited number of the seats of four of these vehicles are to be of a special design with independent suspension so that these may be compared in operation with conventional seats in order to see if the patients' comfort can be further improved.

At the end of the year there were 168 diesel-engined vehicles in use in the Service and the total fleet numbered 106 ambulances, 82 sitting-case vehicles and 19 dual-purpose type vehicles. 125 of these vehicles are capable of carrying two stretcher patients, one stretcher and five sitting patients or eight sitting patients. Approximately 15% of the total number of vehicles in the Service continued to be held in reserve for use in any part of the County.

Further experiments were made in 1962 with the design of ambulance vehicles and the various types of equipment used in the County Ambulance Service with a view to improving, if possible, the high standards already existing. As an aid to movement in traffic, particularly at night, blue flashing lights were fitted to all ambulances and these when used in conjunction with the warning bell have proved extremely useful. It was also decided to equip all the dual-purpose vehicles up to the same standard as ambulance vehicles so that they can be readily used for the latter purpose in an emergency.

On 26th July, 1962 the Minister of Health in Circular 16/62 set out recommendations following consultations he had had with the Minister of Transport regarding the need for improved maintenance and safety precautions for ambulance vehicles. These recommendations were already generally observed in the maintenance and construction of the vehicles in use in the County Ambulance Service although it was decided to arrange for all door locks to be marked to indicate the method of opening.

The Chief Transport Officer continued to be responsible for the general repair and maintenance of vehicles. Each vehicle is taken into one of the Council's workshops for servicing every 2,000 miles and is given a major overhaul every 10,000 miles.

Owing to modern driving conditions it was considered that it might be desirable to fit ambulance vehicles with some further means of giving audible warning of their approach particularly as it had become apparent that other drivers were frequently failing to exercise the normal courtesy by giving way to ambulance vehicles. A demonstration of various devices was given to Members

but it was the considered opinion that these were not entirely suitable for the purpose and it was decided to draw the attention of the Ministry of Health and other bodies to the need for road vehicle drivers to give way to ambulances and to appeal for the co-operation of the public in this matter.

A number of complaints were made during the year on behalf of Home Nurse Midwives that, particularly in rural areas, they were experiencing difficulty in returning to their homes after having accompanied an expectant mother on emergency admission to hospital for confinement. Although authority had been given for the hiring of a taxi in such circumstances it was not always possible to obtain such a service during the night. As a result of this it was agreed that Driver Attendants should be authorised to drive a County car allocated to a Home Nurse Midwife and follow the ambulance to the hospital so that the car would be immediately available for the midwife after the patient's admission. Consideration is being given to extending these arrangements to include Mental Welfare Officers.

### Ambulance Stations

Some years ago proposals were approved by the Ministry of Health for the provision of five 20-bay ambulance stations to be established in Division I. The stations at Becontree and Ilford have been in operation for some time and further progress was made when new 20-bay ambulance stations were opened at Buckhurst Hill and Whipps Cross. These replaced smaller, temporary and unsatisfactory premises at Chingford and Loughton and Leyton and Walthamstow respectively. The building of the fifth ambulance station which is at Romford started during 1961 and this was brought into operation early in 1962 when the existing stations at Hornchurch and Romford were closed.

A new ambulance station was also opened at Clacton-on-Sea as a result of which arrangements are being made for the agency which had been operated by the British Red Cross and the St. John Ambulance Brigade to be taken over. In addition work commenced on the erection of new stations at Basildon, Harlow and Thurrock and advanced preparations were also made for the building of new stations at Ongar and Wickford.

The amount of electrical equipment used on ambulance vehicles, e.g., radio, warning bell, flashing light, as well as the normal equipment fitted to other mechanical transport means that there is an extremely heavy load on the batteries and in view of this it was decided to equip all ambulance stations with at least one battery charger in order to keep batteries fully charged and thus facilitate easy starting particularly during the winter months.



## **Dunmow Carnival**

An ambulance display was entered in the Dunmow Carnival procession which received first prize for entrants in the "Queen's Service" Division. The display, which was undertaken voluntarily by the staff of the Dunmow Ambulance Station and by the Health Education staff of the Central Office of the Health Department, stressed the importance of courtesy being shown to ambulance drivers to facilitate the speedy and unhindered conveyance of patients to hospital.

In this connection it has been decided that in future the County Ambulance Service will be represented in as many carnival processions as possible throughout the County and authority has been given for a redundant ambulance vehicle to be specially adapted for the purpose.

## **Certificates of Commendation**

During the year Certificates of Commendation suitably inscribed on parchment and framed were awarded to the under-mentioned:—

Driver Attendants:

L. Wright and L. Guir, Buckhurst Hill Ambulance Station.

F. Law and P. Garey, Whipps Cross Ambulance Station.

## **First Aid and Efficiency Competition**

The First Aid and Efficiency Competition for the County Ambulance Service was held at the Ilford Ambulance Station when Driver Attendants R. Amos and W. F. Ansty from Ilford were the winners.

The successful team later took part in the Regional Competition which was held at New Malden, Surrey.

## **Training of Staff**

The training courses which commenced during the winter of 1961/62 were continued and extended to include instruction in the duties of ambulance staff in both peace-time and Civil Defence duties. During the winter of 1962/63 courses were held at Ilford, Leyton and Chelmsford and by the end of the winter nearly all the staff of the County Ambulance Service had undertaken a course. It is intended that refresher courses will be undertaken as from the Autumn of 1963.

## **National Safe Driving Competition**

During 1962 arrangements were made for the presentation of Awards gained by members of the County Ambulance staff during the previous year. The Awards for 10 years and over were presented to the recipients and those for under 10 years to a representative of the ambulance station concerned at



ceremonies held in Chelmsford, Colchester and Ilford respectively, when the Mayor of each Borough very kindly made the presentations. Driver Attendant A. E. Lapwood of the Romford Ambulance Station gained a Silver Cross for 25 years safe driving which was the first occasion that such an award has been obtained by a member of the ambulance staff.

So far as the 1962 competition is concerned, 461 of the 478 members of the County Ambulance staff were finally eligible for the competition and 404 of these were successful in gaining an award. 102 of these were in respect of 10 years or more safe driving.

### Statistics

The number of patients conveyed, total mileage involved and the average mileage per patient in 1960, 1961 and 1962 for the whole Service are as follows:—

			<i>Directly Provided Services</i>	<i>Agency Service</i>	<i>Hospital Car Service</i>	<i>Whole Service</i>
Patients conveyed	.....	1960	659,763	6,688	48,451	714,902
		1961	665,613	6,542	50,518	722,673
		1962	639,110	7,314	31,135	697,559
Mileage	.....	1960	3,685,812	78,776	817,190	4,581,778
		1961	3,659,050	71,095	834,667	4,564,812
		1962	3,559,057	71,837	927,628	4,558,522
Average mileage per patient	.....	1960	5.59	11.8	16.9	6.41
		1961	5.50	10.9	16.5	6.32
		1962	5.57	9.8	18.1	6.53

Fewer patients were conveyed than in previous years but despite this there was an increase in the average mileage per patient, except for the Agency Services, which are gradually being run down. The following table shows the figures for the past ten years, and although the downward trend in 1961 was not maintained in 1962 the slight increase does not compare too unfavourably with previous years :—

<i>Year</i>	<i>Patients conveyed</i>	<i>Mileage</i>	<i>Average mileage per patient</i>
1953	491,472	3,860,558	7.85
1954	594,166	4,308,453	7.25
1955	628,612	4,341,334	6.91
1956	632,775	4,337,453	6.85
1957	643,542	4,319,136	6.72
1958	693,164	4,376,790	6.31
1959	687,399	4,439,601	6.46
1960	714,902	4,581,779	6.41
1961	722,673	4,564,812	6.32
1962	697,559	4,558,522	6.53

## Non-emergency Cases

The number of non-emergency patients conveyed in 1962 was 636,594 compared with 659,172 in 1961. The majority of these were taken to clinics or hospital out-patients' departments.

## Cost of the Service

The following table, which relates to financial years, shows the total cost of the service, the cost per patient and per mile for the whole service for the last seven years:—

<i>Year ended</i>	<i>Gross expenditure</i>	<i>Cost per patient</i>	<i>Cost per mile</i>
	£	s. d.	s. d.
31.3.1956	582,762	18 4	2 7
31.3.1957	542,811	20 3	2 11
31.3.1958	653,406	20 3	3 0
31.3.1959	573,047	19 3	3 0
31.3.1960	658,905	18 9	2 10
31.3.1961	709,695	19 9	3 0
31.3.1962	810,874	22 8	3 6

## Major Accident Procedure

The Major Accident procedure for the County Ambulance Service was revised at the end of the year in view of the re-organised arrangements for operational control and copies were forwarded to all hospitals, general medical practitioners and other persons concerned.

## Future Developments

Reference has already been made to the difficulties which are caused in modern driving conditions. Emergency journeys are gradually taking longer to accomplish. This, coupled with the fact that there are more accidents, means that it may be necessary to increase the establishment of vehicles and staff to deal with the problem. As immediate improvements, however, vehicles have, as already mentioned, been out-posted at Waltham Abbey and Wickford whilst the proposals in the Development Plan for the period ending 31st March, 1972 provide for additional small ambulance stations to be erected at Rochford, Walthamstow, Abridge, Waltham Abbey, Ardleigh and North Ockendon.

## SECTION VII—THE MENTAL HEALTH SERVICE

### Care and After Care

Two Senior Psychiatric Social Workers to whom reference has already been made are at present carrying out their duties from the Central Office and have been engaged in making contact with the staff of the psychiatric hospitals which has in turn led to their establishing personal case loads. The appointment of these officers has led to a marked increase in the number of patients recovering from mental illness which have been referred from hospitals but community care has in the main been provided by the existing staff of Mental Welfare Officers.

In my Report for 1961 I drew attention to the arrangements whereby Mental Welfare Officers attended at the Town Hall, Barking and at the Civic Centre, Dagenham on one afternoon each week at the request of the Barking Borough Council and the Dagenham Borough Council respectively to assist and advise persons seeking help from the Mental Health Service. These arrangements, which were of an experimental nature only, were, however, discontinued as the number of calls made did not justify the continued outposting of the officers concerned.

One new case was taken into guardianship under the compulsory powers of the Mental Health Act, 1959 during the year but as the patient concerned resided in London, arrangements were made with the London County Council for the necessary community care to be provided.

Tables are appended giving details of the number of new cases brought to notice during the year and the number in receipt of community care at the end of the year, indicating the form of care and class of mental disorder. The table below shows the number of visits made by Mental Welfare Officers during 1962:—

							Number of Visits
Mental Health Act, 1959—Preliminary Visits							2,068
National Health Service Act, 1946—Community Care—							
Initial visits	...	...	...	...	...	...	959
Subsequent visits	...	...	...	...	...	...	8,604
Visits in connection with patients' property	...	...	...	...	...	...	179
Visits to patients in hospital	...	...	...	...	...	...	52
Other visits	...	...	...	...	...	...	4,402
Total							16,264

### Training Centres

The new Comprehensive Training Centres at Romford and Basildon were completed during the year, the former being brought into operation on 10th



September, when 81 junior trainees and 37 adult trainees were in attendance. The opening of this Centre necessitated a redistribution of the patients formerly attending the Dagenham Junior and Ilford Junior Training Centres as the hired accommodation used for the latter (and which was unsatisfactory by modern standards) was to be given up.

The Basildon Centre, which is similar to that at Romford, is being administered by the Basildon Urban District Council under the Delegation Scheme as the majority of trainees reside in the Urban District. The junior section of the Centre was opened on 1st October and the adult section on 8th October. This permitted the closure of the temporary training centre at Laindon which was originally opened on 15th January, 1962 in order to relieve the overcrowding at the Thurrock Junior Centre.

At the end of the year the negotiations for sites for the 100-place Adult Training Centres to be established at Chelmsford and Leyton were nearing completion and following discussions on the sketch plans which had been prepared by the County Architect, the Ministry of Health agreed to the schemes proceeding. It is also proposed to erect an adult training centre at Ilford to replace the existing centre which is held in hired premises.

The extensions to the Chelmsford and Wanstead Junior Training Centres were completed during the year and these have enabled a better standard of training to be provided at both Centres. Similar extensions to those at Chelmsford are now proposed for the Thurrock Centre.

A temporary Junior Training Centre was opened in Harlow on 12th March, fulfilling the local demand for Training Centre places and also relieving pressure on the Centre at Loughton. The Centre will be replaced by a purpose-built Comprehensive Training Centre, the first stage of which is now under construction and is due to be completed by about the middle of 1963. The new Junior Centre will provide accommodation for 50 children and will have facilities for trainees with special disabilities.

The work schemes introduced at training centres last year were continued and extended during 1962 and many types of work have been carried out under contract by trainees who have reached the upper limit of compulsory school age. The trainees undertaking this work are paid according to the number of work sessions that each actually performs and at the present time it has been decided not to make any deductions for overhead expenses from the amounts received from the firms concerned although it is proposed to keep this matter under review.

Experimental schemes of swimming and physical training instruction for trainees attending the Barking Junior Training Centre, utilising the facilities at the South-East Essex Technical College, were introduced last year. In view

of their success it is hoped to be able to continue these arrangements and extend them to other Centres and I wish to place on record my appreciation of the help and co-operation received from the Principal and staff of the College.

The arrangements whereby selected trainees are provided with a short holiday at a holiday camp in Kent were extended to include adults and last year 30 men, 30 women and 60 children participated in the scheme in three separate parties.

Plans were made to provide a beach hut at Mersea Island for use at weekends by small parties of children from the residential hostel at Colchester and this will also be available to parties from training centres. It is hoped to arrange for the hut to be built by the male trainees at one of the Adult Training Centres and for the furnishings and curtains to be made by the women.

Approval was given last year to the introduction of arrangements whereby suitable trainees undertook short journeys by public transport in order to help them in obtaining greater independence. It has now been decided that in future adult subnormal persons of both sexes should be accommodated in adult Centres and that where practicable separate Centres should be provided for juniors and adults. It will of course be some considerable time before these arrangements are in operation in all Centres but future plans are being prepared on this basis.

One item of interest in respect of Training Centres is that during the foggy weather and icy road conditions which existed in early December it was found impossible on one occasion to return a number of trainees who attend the Romford Comprehensive Training Centre to their homes and they had to be accommodated at the Centre overnight. It is pleasant to record that the staff willingly volunteered to look after the trainees and the staff of the nearby children's home co-operated by providing blankets and food.

### **Residential Accommodation**

The County Council's first residential hostel for mentally subnormal children, Holliwell Lodge, Stanway, was completed and brought into operation on 3rd August. Great difficulty has, however, been experienced in appointing suitable staff and at the end of the year it had not been possible to fill all the vacancies on the establishment. A limited number of children were accommodated for temporary periods in the first instance but during the autumn a number of permanent residents were admitted and arrangements made for them to attend the local Junior Training Centre.

The approach which was made to all housing authorities in the County with a view to renting suitable housing accommodation to establish small hostels resulted in a pair of houses being made available for this purpose through the co-operation of the Colchester Borough Council. This experimental hostel which was brought into operation in the autumn is intended to provide a "half way house" for persons discharged from hospital who, whilst not requiring any



further treatment for mental illness, nevertheless need a sheltered environment and some temporary support to enable them to become fully established in the community, and will accommodate up to eight residents.

During the year tenders were accepted for the erection of two further hostels, each to accommodate 30 residents. One, to be called Eastwick House, is at Stanway on a site adjacent to Holliwell Lodge and will provide accommodation for subnormal women whilst the other, to be known as Westmarsh Lodge, will be at Harold Wood Hall, Romford, adjacent to the new Romford Comprehensive Training Centre and will accommodate subnormal men. The construction of both projects was well under way at the end of the year and it is hoped to bring them into operation in the middle of 1963.

Sketch plans have also been submitted to the Ministry of Health for two further hostels each to provide for 27 mentally ill adults, one to be at Harold Hill, Romford and the other near Colchester.

The experience which has been gained so far in operating residential hostels has shown not only that it is very difficult to recruit suitable staff but also that the demand for such a service cannot be assessed in advance at all accurately. In view of this it is considered that it would be wise to proceed with caution before embarking on a full-scale building programme for hostels.

During the year continued use was made of the residential accommodation provided by voluntary organisations and private individuals for suitable types of patients.

Proposals agreed by the County Councils Association and the Association of Municipal Corporations in regard to the assessment of charges for the provision of residential accommodation have been adopted and this means that no charge will be made for the provision of accommodation for children under 16 years of age but adults will be assessed according to their means although sufficient money will be left to them for their own personal expenses. These scales of assessment also deal with the provision of clothing and pocket money for children in residential accommodation provided by the County Council.

Temporary residential care was provided at the expense of the County Council for 141 patients for varying periods during the year whilst 24 other patients were admitted for short periods to appropriate hospitals under arrangements made by the County Council's staff. Many others were, of course, also admitted temporarily to hospital as a result of action taken by general medical practitioners.

### **Mental Welfare Officers**

There was no change in the establishment of Mental Welfare Officers during the year but arrangements were made for the Sub-Offices to be closed on Saturday mornings so that these now conform to the hours of opening in



operation at the Central Office. Following discussions with the Essex Local Medical Committee arrangements have been made for all hospitals and local police stations to be notified of the telephone number of the Mental Welfare Officer on duty outside office hours (including week-ends) in the area covered from each Sub-Office so that general medical practitioners and other persons requiring his services can be put in touch immediately with the appropriate officer.

In order that arrangements may be made for emergency calls arising during office hours to receive attention with as little delay as possible arrangements have also been made with the Post Office for telephone callers to be advised to telephone the Central Office should they be unable to get a reply from a Sub-Office.

### **Social Clubs**

In spite of the difficulties caused by the resignation of the Mental Welfare Officer concerned with the running of the Goodwill Social Club at Ilford the Club continued to function, and a medical officer from Goodmayes Hospital provided the psychiatric support which is an essential factor in the successful operation of such a club.

As in previous years, a grant to a similar club organised by the East Ham County Borough Council, which is attended by a small number of Essex patients, was continued and a small number of Essex residents attended social clubs operated by a voluntary organisation in London for which appropriate payment was made.

### **Approval of Medical Practitioners**

Five medical practitioners were approved during the year for the purposes of Section 28 of the Mental Health Act, 1959 and at the end of the year a total of 62 approvals had been given by the County Council.

### **Mental Nursing Homes**

Two Mental Nursing Homes are now registered in accordance with the provisions of Part III of the Mental Health Act, 1959, the necessary conditions of registration having been complied with in both cases. One Home provides accommodation for 40 male persons suffering from subnormality or severe subnormality whilst the second is registered for the accommodation of 128 adult females suffering from the same classes of mental disorder.

### **Voluntary Organisations**

Although it has not been necessary to delegate any of the powers and duties of the County Council under the Act to voluntary organisations, relationships have been established over a number of years with national and local

voluntary bodies. This co-operation fulfils a useful function. A grant is made to the National Association for Mental Health in respect of their general work.

Following discussions with the Braintree and District Society for Mentally Handicapped Children, approval was given in principle to the provision of a workshop/adult day training centre and at a later date a hostel for adult sub-normal persons in the Braintree area. It is pleasing to place on record also that the Society have been undertaking the maintenance of the grounds of the existing Junior Training Centre at Braintree without charge.

During the year it was decided to arrange for suitable persons to care for mentally disordered persons in the latter's homes for short periods of the day or evening so that their responsible relatives could leave their homes for shopping, for visiting friends or for occasional outings. The Women's Voluntary Service for Civil Defence and the British Red Cross Society have promised to co-operate in this venture as and when suitable members of their organisations are in a position to be of service.

**Hospital Admissions**

The County Council's staff continued to be of assistance in arranging admissions to hospitals. During the year Mental Welfare Officers were concerned in 653 informal admissions to hospitals and were also involved in the following admissions carried out under the compulsory procedures laid down in the Mental Health Act:—

				<i>Applications made by Mental Welfare Officers</i>	<i>Applications made by relatives with the assistance of Mental Welfare Officers</i>
Section 25	...	...	...	162	50
Section 26	...	...	...	76	26
Section 29	...	...	...	469	202
Section 33	...	...	...	1	—

In October the North-East Metropolitan Regional Hospital Board introduced revised catchment areas for psychiatric hospitals and so far as Essex residents are concerned the main change is that mentally ill persons residing in Dagenham who require hospital care will no longer have to travel to Severalls Hospital, Colchester, but will be admitted to Warley Hospital, Brentwood which is considerably nearer their homes.

**Provision of Equipment for Mentally Disordered Persons in the Community**

Following a review of mentally disordered persons living in the community it was apparent that, in a number of instances, the provision of certain items of equipment would assist greatly in enabling the relatives concerned to continue



caring for the patients and avoid or delay the necessity for hostel or hospital aids, invalid hoists and wheel chairs for issue on loan for use by such patients. It was accordingly decided to provide special equipment such as walking

### **Hospital Treatment of Alcoholism**

On 27th June the Ministry of Health issued Circular 10/62 enclosing a copy of a memorandum to Hospital Authorities on the hospital treatment of alcoholism in which it was recommended that treatment for alcoholism and alcoholic psychosis should, as far as possible, be given in specialised units situated at psychiatric hospitals or psychiatric units at general hospitals and that the special units should run out-patient clinics and co-operate in after-care with Alcoholics Anonymous and, where appropriate, with the Local Health Authority or other interested agencies. Hospital authorities were asked to make the provision of special treatment facilities known to general medical practitioners and also to Local Health Authorities and any other organisation which might be in touch with persons requiring treatment and who could suggest that advice should be sought from the general medical practitioner.

In view of the psychiatric background to these cases it was agreed that, where appropriate, after-care for alcoholics should be provided by the County Council as Local Health Authority through the Mental Health Service and appropriate arrangements were made in conjunction with the Regional Hospital Boards concerned.

### **Research and Other Activities**

During the year approval was given to a programme of studies being undertaken in respect of mentally subnormal children by Mr. Norris, Organiser of Training Centres, in conjunction with the medical staff of the Department. This forms part of an attempt to gain more insight into various aspects of the life of the mentally handicapped. A further report will be made on these matters next year.

It is also pleasant to place on record that a series of three books specifically designed to offer the mentally handicapped child visual and language stimulation at a level appropriate to his stage of development, which were written by Mr. Norris before he joined the County Council's staff, have been published and these books are being used in all Junior Training Centres in the County.



## SECTION VIII—REPORT OF THE CHIEF DENTAL OFFICER FOR 1962

There is a statutory obligation on the local health authority to provide comprehensive dental treatment for expectant and nursing mothers and pre-school children under Section 22 of the National Health Service Act, 1946. This treatment is carried out by Dental Officers who provide services for children in attendance at maintained schools in the County. The persistent fall in the number of expectant and nursing mothers and pre-school children treated is due in some measure to the fact that more and more of this work is being carried out under the National Health Dental Service Regulations by general dental practitioners.

The following table shows the services carried out for mothers with comparable figures for other years:—

<i>Year</i>	<i>Births</i>	<i>Mothers examined</i>	<i>Percentage examined</i>
1950	23,893	2,370	9.91
1957	27,019	1,832	6.78
1958	28,354	1,557	5.49
1959	28,928	1,478	5.14
1960	30,412	1,359	4.47
1961	30,946	984	3.18
1962	31,948	832	2.60

Full details of treatment are given on page 54 of this Report. The treatment carried out continues to show emphasis on the conservation side and this is an encouraging factor. In the case of adults the ratio of fillings to extractions is 1.4 : 1 and for young children 2.2 : 1. If the staffing situation continues to improve then more active measures will have to be considered to reach this important class of patient. The following table shows the work completed per 100 patients treated:—

<i>Year</i>	<i>Expectant and Nursing Mothers</i>				<i>Pre-School Children</i>	
	<i>Scalings</i>	<i>Fillings</i>	<i>Extractions</i>	<i>Dentures</i>	<i>Fillings</i>	<i>Extractions</i>
1950	30	73	174	23	66	110
1957	42	155	170	23	125	106
1958	39	139	143	23	110	94
1959	44	135	132	20	116	82
1960	43	138	150	18	123	72
1961	65	168	177	24	148	84
1962	57	192	136	22	155	69

On 31st December the number of Dental Officers in post for all the County Dental Services was equivalent to 55.6 whole-time Dental Surgeons. As a result of voluntary evening sessions the figure was increased by approximately 3 whole-

time officers. There were 33 whole-time officers and 66 part-time and sessional officers. The following Health Areas now have Area Dental Officers—North-East Essex, Mid-Essex, South-East Essex, Forest, Romford, Ilford, Leyton, Walthamstow and also the Borough of Colchester—and it is pleasing to note that the staffing position has improved considerably over the past 12 months—in fact the increase is approximately 55% and the situation is still improving at the time of writing. Approximately 1/11th of the time available was given to treatment of mothers and young children and this is a fair proportion. The following table shows the state of the staff during recent years :—

<i>Year</i>	<i>Whole-time</i>	<i>Part-time and Sessional</i>	<i>Equivalent Whole-time</i>
1950	18	16	23
1958	20	51	36.2
1959	20	57	36.5
1960	17	46	32.5
1961	19	55	35.75
1962	33	66	55.6

### Ancillary Dental Workers

In my Report for 1961 details were given of the Dental Auxiliary Workers Scheme set up by the General Dental Council. The County Council in 1958 agreed to participate in this three-year experiment to judge the value to the community of a class of ancillary dental worker permitted to undertake the filling of teeth and the extraction of deciduous teeth in the public dental service. As a result, in January 1962 two posts of Dental Auxiliary were created and an application was made to the director of the School of Dental Auxiliaries for two candidates to be allocated to the Administrative County. One of these auxiliaries took up duty in Leyton in September, 1962, working directly under the supervision of the Area Dental Officer. The first report received indicates that the duties undertaken by the Dental Auxiliary are being carried out in a most satisfactory manner.

### Orthodontic Treatment

The Consultant appointed by the North-East Metropolitan Regional Hospital Board in this highly specialised branch of dentistry has now added a clinic at the Chelmsford and Essex Hospital, New London Road, Chelmsford, to those already being held at Whipps Cross Hospital, Leytonstone; Essex County Hospital, Colchester; and Southend-on-Sea. The north-west of the County continues to be covered by the Orthodontist employed by the East Anglian Regional Hospital Board. 629 cases were completed by the dental officers, compared with 688 last year. The majority of this specialist's time is spent with school children but a few pre-school children are seen with a view to anticipating trouble.



## **Premises and Equipment**

New dental suites were built at the County Health Services Clinics at Clacton-on-Sea, Maldon and Hulse Avenue, Romford, and opportunity was taken to provide new dental equipment for these Centres. Many of the other dental surgeries have had additional modern equipment and the general picture throughout the County in this respect is good.

## **Post-Graduate Courses**

Following the issue of the Ministry of Health Circular 5/61 arrangements were made for Dental Officers and Dental Surgery Assistants to attend a one-day course at Kodak House, Kingsway, London, to obtain guidance in the measures to be taken to ensure the safety from radiation hazards of patients and staff in Dental Clinics. Seventeen Dental Officers, including myself, and 27 Dental Surgery Assistants attended this course which proved most helpful.

## **General Anaesthetics**

The custom continues whereby general anaesthetics are usually given by registered medical practitioners. Most of the anaesthetics are performed by Assistant County Medical Officers but the help of general medical practitioners is sometimes enlisted.

Assistant County Medical Officers continued to attend, as necessary, courses at the Eastman Dental Hospital on general anaesthetics.

During the year 104 administrations of general anaesthetics were undertaken for expectant and nursing mothers and 579 for pre-school children. It is interesting to note that a total of 12,133 general anaesthetic cases were undertaken throughout the County for all classes of dental patients.

## **Dental Laboratories**

The two Dental Laboratories at Barking and Walthamstow continued to provide most of the dentures and orthodontic appliances needed for this service and during the year 827 dentures new, relined and repaired, 659 orthodontic appliances, 62 crowns and inlays and two bridges were made, together with many other pieces of work such as study models and impression trays. In addition some work is let out to mechanics to the profession.

## **Fluoridation of Water Supplies**

The report on the five-year investigation into the efficacy of adding up to 1 p.p.m. of fluoride to drinking water to prevent dental decay has now been published jointly by the Ministry of Health, Scottish Office and Ministry of Housing and Local Government. The results of these investigations show that reduction in dental decay amounted to 66% in the 3 year old children, 57% at 4 years, and 50% at 5 years. In children at 6 to 7 years whose teeth had not the full benefit of fluoride, reduction was 26% and 14% respectively.

It seems logical to give all children the chance to benefit similarly.



## Dental Research

Permission was granted for the Research Staff of the London Hospital Dental School to carry out research with medicated tooth paste for children in some grammar schools in the County, over a period of four years. The work is being carried out in the precincts of the schools in a specially designed mobile dental unit equipped with X-ray apparatus. This saves time-consuming visits by the children to local clinics. Professor Geoffrey L. Slack, O.B.E., T.D., F.D.S., R.C.S., Dip. Bact., Professor of Dental Surgery at the London Hospital Dental School, who is in charge of the investigation, has reported that the initial inspections have been completed.

## Dental Health Education

The Dental Health Education campaign in Harlow referred to in last year's Report has entered its third year and the lack of suitable staff has been satisfactorily overcome and the work is now proceeding normally. During the year initial Dental Health Weeks were held in 17 schools and follow-up talks given in some other schools in Harlow.

In addition Dental Health weeks were held at two junior schools in Barking at the request of the Area Medical Officer. Increases in the dental staff at Barking resulted in Dental Inspections in schools which have been without dental cover for a considerable time and these two Dental Health Weeks were arranged specifically to stimulate interest in the benefits accruing from dental treatment. Our efforts in all this work have been helped by the ready co-operation of the teachers.

At the invitation of the British Dental Association a display of our dental health material was staged at the Association's Annual Conference at Nottingham University in July, 1962. The subject of the display was "Dental Health Education Teaching in Essex." A letter of thanks was subsequently received from the British Dental Association.

"I feel strongly that if the dental condition of our children and of our population is to be improved it must be through the development of a proper national dental service, with inspectors, whose duty it is to inspect the teeth of school children regularly; to advise, to act as missionaries, educating the people in preventive measures." This is a quotation from a speech by Professor Adami, F.R.S., M.A., M.D., Vice-Chancellor of the University of Liverpool at a Conference in Manchester in 1920. The County Council of Essex, by its efforts in dental health education, is educating the people in measures to reduce to a minimum the incidence of dental decay and taking the long view this may well be the most important function of any dental service. It is very true that prevention is better than cure.

J. BYROM.



TABLE I—BIRTHS, DEATHS, ANNUAL RATES, ETC., 1962

Health Area and County District	Acreage Census 1961	Population		Estimated Net Migration	Live Births		Stillbirths		Infant Deaths		Deaths at all ages	
		Census 1961	Estimated mid-1962		No.	Rate*	No.	Rate†	No.	Rate‡	No.	Rate*
<b>Colchester B.</b>	12,011	65,080	67,010	+2,093	1,228	18.3	12	10	28	23	831	12.4
Harwich B.	1,497	13,699	13,570	— 18	275	20.3	2	7	5	18	167	12.3
Brightlingsea U.	2,852	4,801	4,770	+ 34	73	15.3	3	39	—	—	87	18.2
Olacton U.	6,429	27,572	28,390	+1,004	378	13.3	7	18	6	16	532	18.7
Frinton and Walton U.	6,293	9,576	9,550	+ 639	101	10.6	—	—	2	20	200	20.9
Halstead U.	1,235	6,463	6,580	+ 38	97	14.7	5	49	2	21	85	12.9
West Mersea U.	2,680	3,140	3,110	+ 53	48	15.4	2	40	1	21	51	16.4
Wivenhoe U.	1,493	2,729	3,030	+ 257	57	18.8	—	—	1	18	34	11.2
Halstead R.	76,638	16,348	16,390	+ 7	265	16.2	3	11	2	8	222	13.5
Lexden and Winstree R.	66,587	22,861	23,230	+ 431	392	16.9	10	25	2	5	303	13.0
Tendring R.	66,132	24,733	25,020	+ 424	348	13.9	7	20	4	11	342	13.7
<b>North-East Essex</b>	231,836	131,922	133,640	+2,869	2,034	15.2	39	19	25	12	2,023	15.1
Chelmsford B.	4,772	49,908	51,180	+ 702	1,058	20.7	9	8	17	16	460	9.0
Maldon B.	4,809	10,509	10,720	+ 253	227	21.2	4	17	1	4	160	14.9
Saffron Walden B.	7,502	7,817	8,110	+ 158	129	15.9	—	—	1	8	127	15.7
Braintree and Bocking U.	6,812	20,600	20,760	+ 142	376	18.1	4	11	4	11	268	12.9
Burnham-on-Crouch U.	5,352	4,167	4,180	+ 50	76	18.2	—	—	2	26	66	15.8
Witham U.	7,329	9,459	9,650	+ 106	165	17.1	3	18	2	12	111	11.5
Braintree R.	59,243	21,632	23,140	+ 397	380	16.4	5	13	7	18	267	11.5
Chelmsford R.	86,506	48,104	49,720	+1,652	968	19.5	15	15	10	10	560	11.3
Dunmow R.	72,807	19,964	20,760	+ 67	379	18.3	2	5	10	26	246	11.8
Maldon R.	78,507	16,341	16,380	+ 21	272	16.6	2	7	3	11	193	11.8
Saffron Walden R.	78,585	17,981	18,160	+ 84	290	16.0	4	14	7	24	214	11.8
<b>Mid-Essex §</b>	412,224	226,482	232,760	+3,632	4,320	18.6	48	11	64	15	2,672	11.5
<b>Basildon U.</b>	27,139	88,524	95,360	+4,087	2,249	23.6	59	26	40	18	666	7.0
Bendfleet U.	6,371	32,395	34,520	+1,615	672	19.5	7	10	12	18	407	11.8
Canvey Island U.	4,421	15,605	16,890	+1,031	357	21.1	2	6	10	28	198	11.7
Rayleigh U.	5,706	19,044	19,840	+ 568	382	19.2	4	10	5	13	200	10.1
Rochford R.	36,099	30,306	32,500	+1,520	665	20.5	8	12	9	14	425	13.1
<b>South-East Essex</b>	52,597	97,350	103,750	+4,734	2,076	20.0	21	10	36	17	1,230	11.8
Brentwood U.	18,269	49,242	51,450	+1,476	953	18.5	15	15	12	13	559	10.9
Hornchurch U.	19,768	131,014	132,400	+ 107	2,443	18.5	30	12	49	20	1,220	9.2
Thurrock U.	40,552	114,263	115,430	+ 822	1,924	16.7	46	23	42	22	946	8.2
<b>South Essex</b>	78,589	294,519	299,280	+2,405	5,320	17.8	91	17	103	19	2,725	9.1
<b>Harlow U.</b>	6,324	53,680	58,180	+2,536	1,546	26.6	19	12	23	15	242	4.2
Chingford B.	2,868	45,787	46,350	+ 284	609	13.1	10	16	7	11	453	9.8
Wanstead and Woodford B.	3,863	61,416	61,410	+ 100	844	13.7	12	14	17	20	764	12.4
Chigwell U.	8,971	61,021	62,070	+ 169	740	11.9	17	22	12	16	479	7.7
Epping U.	1,488	10,001	9,970	+ 138	181	18.1	3	16	5	28	109	10.9
Waltham Holy Cross U.	10,958	11,655	11,900	+ 106	250	21.0	6	23	9	36	116	9.7
<b>Forest §</b>	28,148	189,880	191,700	+ 797	2,624	13.7	48	18	50	19	1,921	10.0
Epping and Ongar R.	75,763	36,406	37,790	+ 824	798	21.1	11	14	12	15	322	8.5
Romford B.	9,342	114,584	115,600	— 152	1,904	16.5	30	16	43	23	822	7.1
Barking B.	3,877	72,293	72,440	— 155	1,037	14.3	17	16	5	5	732	10.1
Dagenham B.	6,565	108,368	109,470	— 128	1,527	13.9	35	22	33	22	949	8.7
Ilford B.	8,404	178,024	177,460	— 696	2,539	14.3	53	20	45	18	2,143	12.1
Leyton B.	2,595	93,959	92,970	— 390	1,394	15.0	37	26	34	24	1,394	15.0
Walthamstow B.	4,342	108,845	108,190	— 963	1,566	14.5	24	15	25	16	1,273	11.8
<b>ADMINISTRATIVE COUNTY</b>	959,758	1,859,916	1,895,600	+21,493	32,162	17.0	534	16.3	566	17.6	19,945	10.5
Administrative County, 1961	—	—	1,861,890	—	31,268	16.8	528	16.6	577	18.5	19,418	10.4

\* per 1,000 estimated population

† per 1,000 total births

‡ per 1,000 live births

§ excluding that part of Epping and Ongar R.D. in the Area

Figures for complete Health Areas are as follows:—

Mid-Essex: Acreage 459,460; census population 244,856; mid-1962 estimated population 251,810

Forest: Acreage 56,675; census population 207,912; mid-1962 estimated population 210,440



TABLE II—CAUSES OF DEATH BY AGE, 1962

	Male									Female								
	0—	1—	5—	15—	25—	45—	65—	75+	Total	0—	1—	5—	15—	25—	45—	65—	75+	Total
1. Tuberculosis—respiratory	—	—	—	1	5	25	26	9	66	—	—	—	—	5	14	3	11	33
2. Tuberculosis—other	—	—	—	—	1	1	1	2	5	—	—	—	—	1	3	1	—	5
3. Syphilitic disease	—	—	—	—	—	7	5	5	17	—	—	—	—	—	1	2	4	7
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infections	—	3	—	—	—	1	—	—	4	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases	1	2	1	1	—	1	3	2	11	—	1	—	—	—	—	—	—	1
10. Malignant neoplasm, stomach	—	—	—	—	5	118	102	77	302	—	—	—	2	3	6	1	1	13
11. Malignant neoplasm, lung and bronchus	—	—	—	1	19	386	273	106	785	—	—	—	—	7	55	64	99	225
12. Malignant neoplasm, breast	—	—	—	—	—	3	—	—	3	—	—	—	—	9	64	54	38	165
13. Malignant neoplasm, uterus	—	—	—	—	—	—	—	—	—	—	—	—	—	33	167	80	93	373
14. Other malignant and lymphatic neoplasms	1	10	4	13	37	338	301	310	1,014	—	4	5	3	45	50	31	34	128
15. Leukaemia and aleukaemia	—	2	—	—	7	16	11	12	55	—	—	—	—	298	259	297	911	—
16. Diabetes	—	—	2	5	5	12	16	16	50	—	3	3	3	7	13	9	6	44
17. Vascular lesions of nervous system	—	—	—	1	5	12	16	16	50	—	—	—	—	2	20	35	36	93
18. Coronary disease, angina	—	—	—	3	12	201	288	574	1,078	—	—	—	—	17	206	377	1,021	1,621
19. Hypertension with heart disease	—	—	—	—	74	849	812	744	2,479	—	—	—	1	10	192	475	766	1,444
20. Other heart disease	1	—	1	—	1	27	46	64	138	—	—	—	—	1	21	59	130	211
21. Other circulatory disease	—	1	—	1	9	75	101	208	395	—	—	—	—	33	133	202	963	1,333
22. Influenza	1	—	2	—	1	8	11	26	49	—	1	—	—	6	59	109	333	507
23. Pneumonia	33	4	6	2	13	85	138	369	650	18	5	2	1	2	5	7	28	44
24. Bronchitis	10	3	—	—	2	183	289	272	759	5	4	—	—	8	53	122	495	703
25. Other diseases of respiratory system	3	—	—	—	—	32	35	24	94	—	2	2	—	3	32	76	197	317
26. Ulcer of stomach and duodenum	—	—	—	—	4	30	42	48	124	—	—	—	—	2	12	7	30	57
27. Gastritis, enteritis and diarrhoea	4	3	—	2	1	9	3	7	29	—	—	—	—	4	7	17	31	57
28. Nephritis and nephrosis	—	1	—	3	4	18	15	8	49	6	1	—	—	4	6	27	15	59
29. Hyperplasia of prostate	—	—	—	—	3	12	74	89	—	—	—	—	3	5	9	9	21	47
30. Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
31. Congenital malformations	71	8	2	2	6	8	2	1	100	—	—	—	2	10	—	—	—	12
32. Other defined and ill-defined diseases	199	9	14	19	35	140	98	212	726	61	6	2	4	5	6	3	3	90
33. Motor vehicle accidents	—	2	16	42	36	39	16	15	166	142	10	11	14	30	143	160	368	878
34. All other accidents	8	7	7	15	26	40	17	40	160	—	1	5	4	2	16	10	11	49
35. Suicide	—	—	—	5	25	31	13	6	80	2	4	1	2	7	20	21	100	157
36. Homicide and operations of war	—	—	—	—	1	2	—	—	3	—	—	—	1	18	50	18	9	96
All causes	332	55	55	116	354	2,778	2,869	3,705	10,264	234	42	32	42	292	1,661	2,238	5,140	9,681
All causes { 1961	324	51	56	105	400	2,668	2,703	3,580	9,887	253	38	36	45	294	1,615	2,221	5,029	9,531
1960	331	35	66	97	351	2,559	2,616	3,258	9,313	232	43	37	40	309	1,536	2,070	4,769	9,036
1959	331	63	62	110	390	2,678	2,673	3,393	9,700	245	40	45	31	265	1,581	2,085	4,735	9,027
1958	283	53	55	105	345	2,494	2,612	3,388	9,335	217	45	48	49	279	1,573	2,082	4,424	8,717
1957	301	60	69	97	372	2,547	2,597	3,243	9,286	212	44	42	43	344	1,659	2,048	4,233	8,625

TABLE III—CAUSES OF DEATH BY HEALTH AREAS AND COUNTY DISTRICTS, 1962

Health Area and County District	Tuberculosis respiratory	Tuberculosis other	Syphilitic disease	Other infective and parasitic disease*	Malignant neo- plasm, stomach	Malignant neo- plasm, lung and bronchus	Malignant neo- plasm, breast	Malignant neo- plasm, uterus	Other malignant and lymphatic neoplasms	Leukaemia leukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease angina	Other heart and circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy childbirth abortion	Constitutional malformations	Other diseases and accidents	Motor vehicle accidents	All other accidents	Suicide	All causes	
Colchester B	2	—	1	—	18	39	11	8	71	1	7	114	170	134	2	62	30	10	15	3	10	4	1	6	82	8	13	9	831	
Harwich B	—	1	1	—	3	8	3	2	16	—	1	35	23	32	—	8	7	1	—	—	1	2	1	2	17	1	1	1	167	
Brightlingsea U	—	1	—	1	1	3	1	—	12	—	—	12	10	27	—	4	3	1	1	—	—	—	—	—	4	—	5	1	87	
Clacton U	1	—	2	1	10	14	11	3	42	1	2	78	156	111	—	21	23	5	5	3	—	2	—	5	22	2	7	5	533	
Frinton & Walton U	—	—	—	1	4	6	2	1	27	1	3	30	36	38	3	9	5	4	1	1	3	2	—	1	15	3	2	2	200	
Halstead U	1	—	—	—	3	7	1	1	10	—	1	11	19	8	—	4	3	1	—	—	1	1	—	1	9	1	1	1	85	
West Mersea U	1	—	—	—	1	2	—	1	3	—	1	7	11	11	—	2	1	1	1	—	1	—	—	—	6	—	1	—	51	
Wivenhoe U	—	—	—	—	—	1	—	1	3	—	1	3	9	9	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	34
Halstead R	—	—	—	—	6	6	5	3	23	—	2	42	45	39	—	13	5	2	2	1	—	—	—	—	19	1	6	2	222	
Lexden and Winstree R	1	—	—	1	7	11	5	2	21	2	3	38	64	56	4	23	18	1	3	—	3	1	—	2	33	2	—	2	303	
Tendring R	—	—	—	—	11	11	3	2	29	1	1	92	64	71	2	9	10	3	1	—	—	1	1	5	17	4	2	2	342	
North-East Essex	4	2	3	4	46	69	31	16	186	5	15	348	437	402	9	94	77	19	14	5	9	10	2	16	144	14	26	16	2,023	
Chelmsford B	—	—	—	3	12	21	9	2	52	5	—	58	95	61	1	29	27	7	11	3	2	1	—	5	43	6	6	1	460	
Maldon B	—	—	—	—	2	3	3	1	12	1	2	32	30	36	1	17	5	—	—	1	—	2	—	1	9	—	2	—	160	
Saffron Walden B.	—	—	—	—	3	3	1	—	8	—	1	15	28	13	—	27	6	—	3	1	1	1	—	—	11	1	3	1	127	
Braintree & Bocking U	—	1	—	—	5	6	4	1	21	2	3	61	41	44	1	12	18	—	6	1	2	3	—	1	24	2	9	—	268	
Burnham-on-Crouch U	—	—	—	—	—	4	3	—	6	—	1	12	12	12	—	7	—	—	—	—	1	—	—	—	4	2	2	—	66	
Witham U	—	—	—	—	2	3	3	1	13	—	3	17	23	14	2	7	2	1	1	1	1	1	—	1	12	4	—	—	111	
Braintree R	1	—	—	—	7	12	3	1	23	2	2	42	47	47	3	18	13	1	2	4	1	3	—	—	30	4	2	—	267	
Chelmsford R	4	—	1	1	15	34	12	3	59	1	6	75	101	82	3	68	13	6	7	1	—	4	—	4	43	3	13	1	560	
Dunmow R	—	—	—	—	6	6	5	—	33	—	—	32	47	41	1	19	14	5	1	1	1	1	—	2	25	4	1	1	246	
Maldon R	—	—	1	1	5	12	4	—	20	1	2	33	34	38	1	7	8	—	2	—	2	—	—	3	13	1	2	3	193	
Saffron Walden R	—	—	1	—	6	6	5	—	28	1	1	24	45	41	1	13	5	2	4	2	—	4	—	2	16	2	1	4	214	
Mid-Essex †	5	1	3	5	63	110	52	9	275	13	21	401	503	429	14	224	111	22	37	14	9	22	—	19	230	28	41	11	2,672	
Basildon U	6	—	1	3	18	28	10	2	72	5	1	88	141	83	4	43	31	5	7	2	2	2	1	11	64	11	14	10	666	
Benfleet U	—	—	—	—	20	17	9	3	34	3	1	65	94	52	3	22	22	3	1	1	2	4	—	6	29	3	9	4	407	
Canvey Island U	3	—	1	—	7	7	3	—	18	—	—	30	57	16	—	13	19	1	2	2	—	—	—	2	11	2	4	—	198	
Rayleigh U	1	—	1	—	8	7	3	3	28	1	1	31	45	33	—	10	4	3	—	—	—	—	—	1	14	2	3	1	200	
Rochford R	—	—	—	—	14	10	6	1	35	2	4	88	117	47	1	15	23	2	4	3	1	2	—	6	35	1	7	1	425	
South-East Essex	4	—	2	—	49	41	21	7	115	6	6	214	313	148	4	60	68	9	7	6	3	6	—	15	89	8	23	6	1,230	
Brentwood U	2	—	—	3	12	19	11	4	41	6	5	64	105	133	—	41	33	7	1	1	2	—	1	4	41	8	13	2	559	
Hornchurch U	4	3	2	3	24	59	25	10	105	7	11	177	235	225	10	73	88	3	4	4	9	5	1	12	92	10	16	3	1,220	
Thurrock U	8	1	—	2	30	34	11	6	89	9	10	99	189	138	1	80	65	7	4	5	5	4	2	12	89	16	22	8	946	
South Essex	14	4	2	8	66	112	47	20	235	22	26	340	529	496	11	194	186	17	9	10	16	9	4	28	222	34	51	13	2,725	
Harlow	2	—	—	2	7	15	7	1	26	2	1	20	41	30	1	17	14	2	2	2	1	—	—	8	30	5	3	3	242	
Chingford B	4	—	1	1	7	21	16	1	58	4	3	59	94	71	2	28	23	4	5	2	2	5	—	5	26	2	5	4	453	
Wanstead & Woodford B	4	1	1	—	23	37	11	10	77	3	5	100	142	153	6	49	39	6	5	1	2	1	2	4	61	6	11	4	764	
Chigwell U	2	—	1	—	12	27	13	2	61	2	5	59	83	81	—	28	26	3	6	3	1	2	—	3	39	6	7	7	479	
Epping U	—	—	—	—	3	1	—	1	11	—	1	20	27	7	—	11	4	—	—	—	1	1	—	3	11	2	3	2	109	
Waltham Holy Cross U	—	—	—	—	1	2	2	—	13	1	1	13	23	22	1	9	7	—	—	2	1	1	—	2	8	4	3	—	116	
Forest †	10	1	3	1	46	88	42	14	220	10	15	251	369	334	9	125	99	13	16	8	7	10	2	17	145	20	29	17	1,921	
Epping & Ongar R	2	—	—	1	8	21	6	2	26	—	1	50	66	34	—	25	19	—	3	1	2	1	—	7	29	6	8	4	322	
Romford B	13	—	—	—	20	49	15	7	86	3	6	107	169	111	3	48	48	7	6	5	5	2	—	8	80	12	8	4	822	
Barking B	3	—	1	—	17	65	18	4	71	9	6	82	158	112	5	34	42	6	9	4	1	1	—	6	44	11	11	12	732	
Dagenham B	2	—	—	2	33	67	17	6	87	4	8	109	200	132	4	52	69	12	8	6	5	2	—	15	72	11	14	12	949	
Ilford B	15	2	1	3	60	98	46	16	218	7	11	266	360	371	8	189	113	11	19	13	15	6	1	14	189	25	35	31	2,143	
Leyton B	12	—	1	—	32	73	26	7	106	5	8	161	226	344	9	102	86	7	16	5	7	5	—	11	98	7	22	18	1,394	
Walthamstow B	5	—	6	—	44	75	27	9	131	7	11	148	241	208	10	84	83	11	13	4	4	8	1	9	90	15	19	10	1,273	
ADMINISTRATIVE COUNTY	99	10	24	29*	527	950	376	128	1,925	99	143	2,699	3,923	3,368	93	1,353	1,076	151	181	88	96	89	12	190	1,608	215	317	176	19,945	
Administrative County, 1961	85	12	29	46	461	935	385	134	1,800	109	168	2,619	3,451	3,605	181	1,206	1,091	169	144	68	130	87	7	188	1,646	213	289	160	19,418	

† excluding that part of Epping and Ongar R.D. in the Area

\* including meningococcal infections 4, measles 1

† excluding that part of Epping and Ongar R.D. in the Area

TABLE IV—INFECTIOUS AND OTHER NOTIFIABLE DISEASES, 1962

Health Area and County District	Scarlet fever	Whooping cough	Measles	Acute pneumonia	Tuberculosis respiratory	Tuberculosis meninges and C.N.S.	Tuberculosis other	Meningococcal infection	Acute poliomyelitis (paralytic)	Acute poliomyelitis (non-paralytic)	Dysentery	Ophthalmia neonatorum	Puerperal pyrexia	Para-typhoid fevers	Erysipelas	Food poisoning	Infective hepatitis	Others †	Total
Colchester B.	34	8	44	15	12	—	—	—	—	—	180	—	11	1	5	—	6	7	323
Harwich B.	4	3	10	3	7	—	—	—	—	—	—	—	2	—	3	—	—	1	33
Brightlingsea U.	—	—	3	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	5
Clacton U.	6	1	10	—	7	—	1	—	—	—	9	—	—	—	1	4	—	1	40
Frinton & Walton U.	6	—	32	1	4	—	—	1	—	—	3	—	—	—	—	6	—	—	53
Halstead U.	1	—	38	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	40
West Mersea U.	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Wivenhoe U.	—	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
Halstead R.	4	—	48	2	2	—	2	—	—	—	—	—	—	—	—	—	—	—	58
Lexden & Winstree R.	10	2	12	19	2	—	—	—	—	—	35	—	—	—	2	8	4	—	94
Tendring R.	5	6	14	6	5	—	2	—	—	—	2	—	1	—	3	—	2	—	46
North-East Essex	36	14	168	33	30	—	5	1	—	—	49	—	3	—	9	18	6	2	374
Chelmsford B.	11	35	383	13	11	—	1	—	—	—	—	—	3	—	—	—	—	—	457
Maldon B.	2	15	61	4	—	—	—	—	—	—	—	—	—	—	1	2	—	—	85
Saffron Walden B.	—	—	—	—	5	—	—	—	—	—	—	—	—	—	—	—	3	—	8
Braintree & Bocking U.	9	—	132	—	7	—	—	—	—	—	—	—	—	—	—	—	—	—	148
Burnham-on-Crouch U.	—	—	1	7	1	—	—	—	—	—	—	1	—	—	2	4	1	—	17
Witham U.	14	—	29	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	46
Braintree R.	11	5	98	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	119
Chelmsford R.	11	20	280	6	13	—	—	—	—	—	3	1	—	—	—	—	1	—	335
Danmow R.	2	—	48	3	3	—	—	—	—	—	1	—	—	—	—	—	—	—	57
Maldon R.	6	47	31	7	2	—	—	—	—	—	1	—	1	—	—	—	—	—	95
Saffron Walden R.	43	18	7	15	1	—	—	—	—	—	—	1	—	—	—	—	2	—	87
Mid-Essex	109	140	1,070	55	51	—	1	—	—	—	5	2	5	—	3	6	7	—	1,454
Basildon U.	50	24	1,152	1	30	—	4	—	—	—	9	—	12	—	—	2	2	3	1,289
Benfleet U.	13	17	111	6	5	—	3	—	—	—	—	—	—	1	2	1	2	—	161
Canvey Island U.	21	2	52	1	8	—	2	—	1	—	8	—	—	—	—	8	—	2	105
Rayleigh U.	2	—	166	20	6	—	2	—	—	—	—	—	—	—	2	—	—	1	199
Rochford R.	43	1	90	2	7	—	1	—	—	—	—	—	125	—	1	7	6	—	283
South-East Essex	79	20	419	29	26	—	8	—	1	—	8	—	125	1	5	16	8	3	748
Brentwood U.	10	20	334	7	13	—	2	—	—	—	3	—	—	—	2	11	—	1	403
Hornchurch U.	82	18	825	23	38	—	4	—	—	1	7	1	3	1	10	26	26	2	1,067
Thurrock U.	62	11	296	42	62	—	4	—	—	1	40	—	11	—	6	3	—	1	539
South Essex	154	49	1,455	72	113	—	10	—	—	2	50	1	14	1	18	40	26	4	2,009
Harlow U.	160	10	275	18	27	1	3	2	—	—	24	—	5	—	4	3	5	—	537
Chingford B.	45	5	120	14	14	—	—	—	1	—	15	—	3	—	5	2	*	1	225
Wanstead & Woodford B.	16	7	251	10	16	—	—	—	—	—	10	1	35	—	2	2	*	—	350
Chigwell U.	48	5	145	5	15	—	3	—	—	1	5	2	—	—	2	11	*	—	242
Epping U.	4	—	—	—	2	—	—	—	—	—	1	—	—	—	—	—	—	—	7
Waltham Holy Cross U.	1	—	8	3	5	—	—	—	—	—	—	—	—	—	—	—	*	—	17
Forest	114	17	524	32	52	—	3	—	1	1	31	3	38	—	9	15	*	1	841
Epping & Ongar R.	9	—	145	2	6	—	—	—	—	—	6	—	—	—	—	1	—	—	169
Romford B.	44	18	793	11	49	—	6	2	—	1	6	—	—	—	11	18	2	—	961
Barking B.	26	72	135	19	31	1	5	2	—	—	5	—	8	—	1	5	*	1	311
Dagenham B.	76	58	214	13	43	—	2	2	1	—	3	—	1	1	3	17	*	—	435
Ilford B.	139	53	988	112	59	3	9	2	—	1	171	1	42	—	10	84	*	6	1,680
Leyton B.	29	34	280	35	28	—	6	1	—	—	97	2	2	—	9	22	*	—	545
Walthamstow B.	77	40	94	37	41	—	10	—	—	—	7	3	62	—	18	19	*	—	408
ADMINISTRATIVE COUNTY	1,136	557	7,756	484	598	5	72	12	3	5	651	12	328	4	105	266	62	28†	12,084
Administrative County, 1961	1,294	801	35,367	659	589	4	85	9	3	4	884	11	357	3	106	389	221	25	40,811

†Including Smallpox 1, Diphtheria 1, Acute Encephalitis, Infective 8 and Acute Encephalitis, Post-infectious 8.

\* Not notifiable in these districts, therefore the total for the County of 62 is incomplete



	MENTALLY ILL				PSYCHOPATHIC				SUBNORMAL				SEVERELY SUBNORMAL				TOTALS			
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
Attending day training centre.....	—	—	2	2	—	—	—	56	50	123	84	206	183	154	151	262	233	279	237	1011
Awaiting entry thereto .....	—	—	—	—	—	—	—	8	2	12	15	20	16	7	10	28	18	19	25	90
Resident in L.A. home/hostel .....	—	—	5	—	—	—	—	2	—	—	—	4	1	—	—	6	1	—	5	12
Awaiting residence in L.A. home/hostel .....	—	—	—	—	—	—	—	1	—	—	—	2	4	1	—	3	4	1	—	8
Resident at L.A. expense in other residential homes/hostels .....	—	—	8	6	—	—	—	—	—	2	4	1	2	1	1	1	2	11	11	25
Resident at L.A. expense by boarding out in private household .....	—	—	—	—	—	—	—	—	1	—	3	7	10	1	3	7	11	1	6	25
Receiving home visits and not included above .....	1	—	149	204	—	—	4	2	32	28	899	822	84	75	277	264	117	103	1,329	2741
Total number .....	1	—	159	217	—	—	4	2	96	81	1,036	926	318	277	439	415	358	1,638	1,572	3,983

TABLE VI—NUMBER OF PATIENTS REFERRED DURING YEAR ENDED 31st DECEMBER, 1962

REFERRED BY	MENTALLY ILL				PSYCHOPATHIC				SUBNORMAL				SEVERELY SUBNORMAL				TOTALS				
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21)																					
General practitioners .....																					
Hospitals, on discharge from in-patient treatment																					
Hospitals, after or during out-patient or day treatment																					
Local education authorities .....																					
Police and courts.....																					
Other sources .....																					
Total .....																					

**RURAL HOUSING**  
**TABLE VII—PROGRESS, 1962**

UNFIT DWELLING-HOUSES DEMOLISHED CLOSED OR REPAIRED DURING 1962					RURAL DISTRICTS											
Closure/Demolition	In Clearance Areas	Housing Act, 1957	Dwelling-houses demolished	Unfit Houses	Braintree	Chelmsford	Dunmow	Epping and Ongar	Halstead	Lexden and Winstree	Maldon	Rochford	Saffron Walden	Tendring	Totals	
				Other Houses	—	—	5	3	—	—	—	—	—	—	2	10
Persons Displaced	—			—	—	5	—	—	—	—	—	—	—	—	4	9
Houses demolished as a result of formal or informal action	Houses		26	22	18	10	29	26	20	14	10	36	211			
	Persons Displaced (or to be displaced)		23	—	—	26	36	15	30	15	4	87	236			
	Houses		2	3	7	7	11	21	2	—	12	10	75			
Houses closed in pursuance of under- takings and as a result of Closing Orders	Persons Displaced		—	—	4	18	22	23	6	—	26	—	99			
	By Owners		—	6	7	1	8	13	—	—	20	5	60			
	By L.A. in default		—	—	—	—	—	—	—	—	—	—	—			
Houses in which defects were remedied after service of formal notice	Houses reconstructed, enlarged or improved and Demolition Orders revoked (S.24)		—	—	1	8	7	2	—	—	—	—	18			
	Houses in which defects were remedied after service of formal notice		—	9	17	3	—	5	21	—	—	—	55			
	Houses rendered fit after informal action by L.A.		107	27	—	115	167	152	63	30	19	9	689			
Temporary Use	Houses not in Clearance Areas		Housing Act 1957	Houses licensed for temporary accommodation (Ss. 34 or 35)	—	—	1	—	—	—	—	—	—	—	—	1
			(a) Total number of houses demolished or closed since 1st January, 1956 .....	219	129	395	132	241	301	141	178	242	223	2,201		
(b) Estimated number of houses remaining unfit for human habitation .....					425	53	*71	50	365	218	203	—	60	165	1,610	
(c) Period of years considered necessary for dealing with (b) .....					5	3	*3	3	3	2	5	—	3	4½	—	

\* These figures likely to be altered as routine inspection proceeds.  
Note: No parts of buildings were closed under Section 18, Housing Act 1957. Under Sections 17(2), 46 and 48 of the same Act returns were nil.





TABLE VIII—HOUSING IMPROVEMENT GRANTS, 1962

Rural District  (1)	Total of Grants made to 31.12.61 £ (2)	HOUSING (FINANCIAL PROVISIONS) ACT, 1958					HOUSE PURCHASE AND HOUSING ACT, 1957			Total of all Grants Paid to 31.12.62 £ (10)
		Applications Received		Applications Approved		Applications Received (7)	Applications Approved			
		Dwellings Concerned		No. of Dwellings (5)	Total of Grants Paid £ (6)		Number of Dwellings Concerned (8)	Total of Grants Paid £ (9)		
		Conversions (3)	Improvements (4)							
Braintree .....	95,232	7	45	49	16,461	42	24	2,516	114,209	
Chelmsford .....	228,145	1	61	56	14,070	37	41	5,177	247,392	
Dunmow .....	143,632	—	52	48	14,584	47	34	4,270	162,486	
Epping & Ongar .....	85,687	1	29	29	10,378	71	65	5,807	101,872	
Halstead .....	89,543	17	23	30	9,677	7	17	2,379	101,599	
Lexden & Winstree .....	121,086	1	44	46	15,407	66	51	6,274	142,767	
Maldon .....	59,828	5	46	49	15,125	20	17	2,310	77,263	
Rochford .....	43,748	—	2	—	—	35	40	4,583	48,331	
Saffron Walden .....	108,192	25	31	60	17,411	22	29	3,534	129,137	
Tendring .....	47,302	—	6	7	1,564	80	52	6,224	55,090	
TOTALS .....	1,022,395	57	339	374	114,677	427	370	43,074	1,180,146	

# RURAL HOUSING

TABLE IX—Number of Houses Erected During 1962 and the Number of Applicants remaining on Waiting Lists

Rural Districts	No. of houses erected during the year ended 31st December, 1962		No. of applicants on waiting list for Council houses at 31st December, 1962, who are in urgent need of housing accommodation
	By the Council	By Private Enterprise	
Braintree .....	54 (22)	115 (99)	118 (151)
Chelmsford .....	141 (55)	499 (648)	180 (120)
Dunmow .....	6 (32)	184 (164)	* 85 (50)
Epping and Ongar .....	65 (31)	208 (265)	*300 (300)
Halstead .....	39 (24)	56 (38)	100 (75)
Lexden and Winstree .....	34 (54)	352 (127)	313 †(322)
Maldon .....	50 (87)	122 (82)	19 (23)
Rochford .....	7 (29)	538 (538)	110 *(105)
Saffron Walden .....	4 (42)	71 (69)	121 (102)
Tendring .....	32 (16)	260 (115)	*100 (150)
Totals .....	333 (392)	2,405 (2,145)	1,446 (1,398)



**RURAL HOUSING**  
**TABLE X—Advances or Guarantees**

Rural District Council	Small Dwellings Acquisition Acts							Housing Acts														
	1. On houses not occupied for first time		2. On houses occupied for first time		3. Advances of 100% of valuation (inc. in 1 and 2)			4. On houses not occupied for first time		5. On houses occupied for first time		6. Advances of 100% of valuation (inc. in 4 and 5)			7. For Conversion		8. For improvement with aid of standard grants		9. For other alterations		10. To housing associations	
	No. of houses	Amount £	No. of houses	Amount £	No. of houses	Amount £	Purchase Price	No. of houses	Amount £	No. of houses	Amount £	No. of houses	Amount £	Purchase Price	No. of houses	Amount £	No. of houses	Amount £	No. of houses	Amount £	No. of houses	Amount £
Braintree .....	—	—	—	—	—	—	—	3	9,550	5	9,600	—	—	—	—	—	—	—	—	—	—	—
Chelmsford .....	—	—	—	—	—	—	—	—	—	1	6,310	—	—	—	—	—	—	—	1	1,055	42	89,500
Dunmow .....	5	5,450	1	1,800	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Epping and Ongar .....	—	—	—	—	—	—	—	48	102,940	16	42,010	—	—	—	—	—	1	300	19	7,375	—	—
Halstead .....	—	—	—	—	—	—	—	5	9,750	5	11,550	—	—	—	—	—	—	—	1	1,700	—	—
Lexden and Winstree	16	21,070	14	29,145	—	—	—	—	—	3	5,930	—	—	—	—	—	2	440	2	295	—	—
Maldon .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rochford .....	—	—	—	—	—	—	—	99	218,157	99	217,723	18	45,160	48,535	—	—	—	—	4	1,254	—	—
Saffron Walden .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tendring .....	8	7,065	7	13,500	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS .....	29	23,585	22	44,445	—	—	—	155	340,397	129	97,123	18	45,160	48,535	—	—	3	740	27	11,629	42	89,500



**TABLE XI—SEWERAGE SCHEMES AND SEWAGE DISPOSAL  
IN RURAL ESSEX**

<i>Rural District Council</i>	<i>Parishes satisfactorily sewered</i>	<i>Schemes completed in 1962</i>	<i>Schemes under construction at 31.12.1962 and % completed</i>
Braintree .....	Wethersfield Finchingfield Great Bardfield	London Road, Black Notley	Nil
Chelmsford .....	Great Baddow Broomfield South Hanningfield (Ramsden Heath) Ingatestone Mountnessing Rettendon (part) Roxwell Runwell Gt. Waltham (part) Little Waltham Writtle	Boreham	Danbury—40%  Lt. Baddow—40%  Sandon—40%
Dunmow .....	*Great Dunmow *Felsted Thaxted Hatfield Broad Oak *Hatfield Heath Lt. Canfield (part) Broxted (part) Stebbing *Barnston *Takeley Lt. Hallingbury *Gt. Easton Lt. Easton High Roding High Easter White Roding Only sparsely populated areas remain and it may be found that few can now economically be sewered.	Lt. Hallingbury (extensions)  Causeway End and Willows Green, Felsted	Hatfield—Broad Oak and Hatfield Heath (95%)  Gt. Easton and Duton Hill (90%)
Epping & Ongar	Abridge (Lam- bourne Parish) Abbess Roothing Beauchamp Roothing Doddinghurst Blackmore Epping Green Matching Tye High Laver Nazeing North Weald Theydon Bois Willingale Fyfield Chipping Ongar High Ongar Greensted Shelley Stapleford Abbotts	Blackmore and Doddinghurst (Part II)  Stapleford Abbotts	Matching Green, Abbess Roothing and Beauchamp Roothing (95%)  Moreton (75%)



TABLE XI—Continued

<i>Rural District Council</i>	<i>Parishes satisfactorily sewered</i>	<i>Schemes completed in 1962</i>	<i>Schemes under construction at 31.12.1962 and % completed</i>
Halstead .....	Earls Colne Gosfield Great Yeldham Sible Hedingham Castle Hedingham Steeple Bumpstead (Extensions of all above sewage disposal works planned to cope with village development)	Greenstead Green  Pebmarsh  Birdbrook (Baythorne End)	Toppesfield (95%)
Lexden and Winstree .....	Dedham (except Dedham Heath area) East Donyland (except Blackheath area) Stanway Tiptree West Bergholt Eight Ash Green (except Choats Corner & Star Inn areas)	Stanway Green area of Parish of Stanway  Gt. Tey  Fordham	Copford & Marks Tey 90% complete  Choats Corner and Star Inn areas of Parish of Eight Ash Green (75%)  Aldham (40%)
Maldon .....	Southminster Tollesbury Goldhanger	Nil	Wickham Bishops and Great Tot-ham (15%)
Rochford .....	Present position: 78.5% of District sewered	Rochford Hospital Sewer, Part I Grasmere Ave., Windermere Ave., Hullbridge Clifton Road, Eastbury Ave., Hawkwell Hullbridge—Burnham Road	Hullbridge Stage II (97%) Rochford Hospital Scheme Part II (25%) Paglesham Disposal Scheme (25%)
	Little remains to be economically sewered in this Rural District		
Saffron Walden	Stansted Newport Quendon & Rickling Farnham	Ashdon Manuden	Nil
Tendring .....	†Lt. Clacton ‡Thorpe Ramsey §Parkeston Lt. Oakley	Nil	Elmstead, Alresford, Thorrington, Gt. Bentley (Western Area Scheme) (80%) Weeley (50%)

\* Sewage Disposal Works now overloaded and further development refused until extension completed. These will not be subject to grant under the Rural Water Supplies and Sewerage Acts, 1944/61.

† Sewers now discharging.

‡ Sewer Disposal Works overloaded.

§ New Sewer Disposal Works proposed.

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